## **FEC** FORM 3

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Ai	1 Authorized Committee		Offic	e Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAON OR TYPE OF	AILING LABEL Example:If typ over the lines	ing, type	• • • • •	
Bill Shuster for Congress				
ADDRESS (number and street) PO Box 2	27			
Check if different				
than previously reported. (ACC)	burg		PA L	16648
2. FEC IDENTIFICATION NUMBER	CITY 🛕	S	TATE	ZIP CODE ▲ STATE ▼ DISTRICT
C00364935		NEW (N) OR	AMENDED (A)	[PA] [9]
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) 12-Day <b>PRE</b> -Election I	Report for the:		
V April 15 Occarbants Barrant (O1)	Primary	(12P)	General (12G)	Runoff (12R)
X April 15 Quarterly Report (Q1)	Convent	ion (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		, — –		in the
October 15 Quarterly Report (Q3	Election on			State of
January 31 Year-End Report (YE	(c) 30-Day <b>POST</b> -Election	Report for the:		
	General	(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on			in the State of
5. Covering Period 0 1	2 0 0 6 throu	gh 0 3	3 1	2006
I certify that I have examined this Report and to	,	it is true, correct ar	nd complete.	
Type or Print Name of Treasurer Free	lerick A Ciocca			
Signature of Treasurer Electronically Filed by	Frederick A Ciocca	Da	te 0 4	06 2006
NOTE : Submission of false, erroneous, or inco	mplete information may subject the	person signing this	Report to the penal	Ities of 2 U.S.C 437g.
Office Use Only			F	FEC FORM 3 (Revised 02/2003)

### Image# 26960037986

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Bill Shuster for Congress ° D 03 From: 0 1 0.1 2006 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 89885.00 565273.12 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds .00 900.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 89885.00 564373.12 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 84357.78 443273.86 (from Line 17)..... (b) Total Offsets to Operating 2864.40 4812.30 Expenditures (from Line 14)..... (c) Net Operating Expenditures 81493.38 438461.56 (subtract Line 7(b) from Line 7(a))...... Cash on Hand at Close of 130542.84 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on .00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 15000.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name Bill Shuster for Congress ° D Report Covering the Period: 0 1 2006 03 2006 From: 0 1 To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 61150.00 257950.00 (i) Itemized (use Schedule A)..... 235.00 10115.00 (ii) Unitemized..... (iii) TOTAL of contributions 61385.00 268065.00 from individuals..... .00 .00 (b) Political Party Committees..... (c) Other Political Committees 28500.00 297208.12 (such as PACS)..... .00 .00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 89885.00 565273.12 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER .00 .00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the .00 .00 Candidate..... .00 440000.00 (b) All Other Loans..... (c) TOTAL LOANS 440000.00 .00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 2864.40 4812.30 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS .00 .00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 92749.40 1010085.42

FEC Form 3 (Revised 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 84357.78 443273.86 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER .00 .00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed .00 2000.00 by the Candidate..... .00 450000.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS .00 452000.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other .00 900.00 Than Political Committees..... .00 .00 (b) Political Party Committees..... (c) Other Political Committees .00 .00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS .00 900.00 (add Lines 20(a), (b), and (c))..... 16547.50 45456.68 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 100905.28 941630.54 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 138698.72 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 92749.40 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... 231448.12 25. SUBTOTAL (add Line 23 and Line 24)..... 100905.28 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 130542.84 (subtract Line 26 from Line 25).....

_				FOR LINE NUMBER. BACE 5 / 07				
SCHEDULE A (FEC Form 3 )  Use separate schedule(s)			FOR LINE NUMBER: PAGE 5 / 87					
ıΤ	EMIZED RECEIPTS		or each category of the	(check only one)				
• •	LIVIIZED NEGEIF 13		Detailed Summary Page	X 11a   11b   11c   11d				
				12   13a   13b   14   15				
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.				
\	NAME OF COMMITTEE (In Full)							
$\rangle$	Bill Shuster for Congress							
/								
	Full Name (Last, First, Middle Initial)							
٩.	Edmund C Graber			Date of Receipt				
	Mailing Address 10102 Lawyers Road			M M / D D / Y Y Y				
				03 31 2006				
	City	State	Zip Code	Transaction ID: SA11Ai-CN4932				
	Vienna	VA	22181	Amount of Each Receipt this Period				
	FEC ID number of contributing			050.00				
	federal political committee.	C		250.00				
	Name of Employer Edmund Graber Associates	Occupation						
		Consulta	nt-Government Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Speriding (2 0.5.0. 44 ra(i)/44 ra-1)				
	X Primary General		750.00	1				
	Other (specify) ▼		750.00					
	Full Name (Last, First, Middle Initial)							
3.	Peggy J Bosma			Date of Receipt				
	Mailing Address 120 Kenwood Road			M M / D D / Y Y Y Y				
				02 17 2006				
	City	State	Zip Code	Transaction ID: SA11Ai-CN4866				
	Chambersburg	PA	17201	Amount of Each Receipt this Period				
	FEC ID number of contributing			1000.00				
	federal political committee.	C		1000.00				
		1						
	Name of Employer Patriot Federal Credit Un-	Occupation		Line's language of Dura to Open appella				
	ion	Presiden		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2006	Election C	Cycle-to-Date ▼					
	X Primary General		2000.00					
	Other (specify) ▼	0 0	2000.00					
•	Full Name (Last, First, Middle Initial)			Data of Danaist				
٠.	Randall L Brake			Date of Receipt				
	Mailing Address 420 Lindman Drive			02 17 2006				
	City	State	Zip Code					
	•		·	Transaction ID: SA11Ai-CN4871				
	Chambersburg	PA	17201	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer	Occupation	 n	7				
	Name of Employer Charles E Brake Co Inc	Presiden		Limit Increased Due to Opponent's				
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General		, e.e to _ ate _ v	1				
	Other (specify)		1000.00					
	(-F), <b>4</b>		1 1 1 1 1 1 1	1				
_	CURTOTAL of Descripto This Descriptorally							
<u>S</u>	UBTOTAL of Receipts This Page (optional)							
_			-					
T	OTAL This Period (last page this line number o	nly)						

SCHEDULE A (FEC Form 3	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/8/
ITEMIZED RECEIPTS	or each category of the	(check only one)  X 11a 11b 11c 11d
	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
Bill Shuster for Congress		
Full Name (Last, First, Middle Initial)  A. Harold L Brake		Date of Receipt
Mailing Address 224 Rhondel Drive PO Box 275		02 17 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4881
Saint Thomas	PA 17252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Charles E Brake Co Inc	Occupation Chairman	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  3. Harold L Brake		Date of Receipt
Mailing Address 224 Rhondel Drive PO Box 275		02 17 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4882
Saint Thomas	PA 17252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Charles E Brake Co Inc	Occupation Chairman	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  L Harold L Brake		Date of Receipt
Mailing Address 224 Rhondel Drive PO Box 275		02 23 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4892
Saint Thomas	PA 17252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Charles E Brake Co Inc	Occupation Chairman	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼	4000.00	
SUBTOTAL of Receipts This Page (optional	J)	4000.00
TOTAL This Period (last page this line num	her only)	
	~~. ~,,	

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 87 (check only one)  X 11a 11b 11c 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	ly not be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Darrell D Brechbill Mailing Address 135 Pennsylvania Ave City Chambersburg FEC ID number of contributing federal political committee.  Name of Employer Brechbill and Helman Construction Co.	State PA  C  Occupatio Contract		Date of Receipt    M M M
	truction Co Receipt For: 2006  X Primary General Other (specify) ▼		Sycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Harry N Fix Mailing Address 2356 Majestic Court City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Valley Quarries, Inc.  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation Estimato		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial)			2
<b>3</b> .	Harry N Fix Mailing Address 2356 Majestic Court			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Chambersburg	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN4863
	FEC ID number of contributing federal political committee.	C	17201	Amount of Each Receipt this Period  900.00
	Name of Employer Valley Quarries, Inc.  Receipt For: 2006  Primary X General Other (specify) ▼	Occupatio Estimato Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 8 / 87
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and Stor commercial purposes, other than using the	Statements may e name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Harry N Fix			Date of Receipt
	Mailing Address 2356 Majestic Court			02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4872
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer Valley Quarries, Inc.	Occupation Estimator		Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		·	7
	Other (specify) ▼		4200.00	
В.	Full Name (Last, First, Middle Initial) John D Helman			Date of Receipt
	Mailing Address 1115 Sheller Avenue			02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4868
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Brechbill Helman Construc-	Occupation Project M		Limit Increased Due to Opponent's
	tion Receipt For: 2006	, t - '	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	1 1	2000.00	
— С.	Full Name (Last, First, Middle Initial) Allen E Jennings, Jr.	1		Date of Receipt
٥.	Mailing Address 67 Obsidian Drive			M M / D D / Y Y Y Y
				02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4879
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Jennings Chevrolet Cadill-	Occupation New Car		Limit Increased Due to Opponent's
	ac Receipt For: 2006		ycle-to-Date <b>V</b>	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional) .	1		3200.00
$\vdash$	OTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 9/8/   (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Bill Shuster for Congress	Traine and date	arooo or ary pointed committee to	o donor donario de la companya de la
Α.	Full Name (Last, First, Middle Initial) James A Martin Mailing Address 7366 Horst Road  City Chambersburg  FEC ID number of contributing federal political committee.  Name of Employer	State PA C	Zip Code 17201	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Martins Famouś Pastry Shoppe Receipt For: 2006  X Primary General Other (specify) ▼	Presiden Election C	t Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Craig J Nitterhouse Mailing Address 1785 Falling Spring Ro	oad		Date of Receipt    M
	City Chambersburg	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN4888  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Franklin Storage Inc.  Receipt For: 2006  X Primary General Other (specify) ▼	Occupation Partner/C		Sent reattribution letter  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) David G Sciamanna			Date of Receipt
	Mailing Address 575 Montgomery Aven		7: 0 !	02 17 2006
	City Chambersburg	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN4877  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Chamber of Commerce  Receipt For: 2006  X Primary General Other (specify)	Occupation Presiden  Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	SUBTOTAL of Receipts This Page (optional)			2600.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 87			
	EMIZED RECEIPTS	or each category of the	(check only one)			
• • • • • • • • • • • • • • • • • • • •	EIVIIZED NECEIP 13	Detailed Summary Page	X 11a 11b 11c 11d			
•	information and distance in December 2011		12 13a 13b 14 15			
or	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)					
$ \rangle$	Bill Shuster for Congress					
	Zin Chaotor for Congress					
_	Full Name (Last, First, Middle Initial)					
Α.	Jonathan Gleason		Date of Receipt			
	Mailing Address 2201 Menoher Blvd		03 06 2006			
	City State	Zip Code	Transaction ID: SA11Ai-CN4903			
	Johnstown PA	15905	Amount of Each Receipt this Period			
	FFO ID work or of contribution	10000	Amount of Each receipt this renou			
	FEC ID number of contributing federal political committee.		500.00			
	Name of Employer The Gleason Group  Occupation		15 75			
	ASST VP		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006 Election  X Primary General	Cycle-to-Date ▼				
	Other (specify)	500.00				
	Carlos (opposity)	0 0 0 0 0 0 0	-1			
_	Full Name (Last, First, Middle Initial)					
В.	Christopher K Gleason		Date of Receipt			
	Mailing Address PO Box 8		M M / D D / Y Y Y Y			
	0.1	7: 0 1	03 06 2006			
	City State	Zip Code	Transaction ID: SA11Ai-CN4909			
	Johnstown PA	15907	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		2000.00			
	rederal political confirmates.					
	Name of Employer The Gleason Group  Occupation  Described					
	Presider		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
		Cycle-to-Date ▼	Sponding (2 stotes 111a(t))			
	Primary X General Other (specify) ▼	4000.00				
	Other (specify)		1			
_	Full Name (Last, First, Middle Initial)					
C.	Michael P Gleason		Date of Receipt			
	Mailing Address 2313 Engelwood Drive		M M / D D / Y Y Y Y			
	City	7in Code	03 06 2006			
	City State Pittsburgh PA	Zip Code 15241	Transaction ID: SA11Ai-CN4902			
		13241	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		500.00			
	Todardi political continuacio.					
	Name of Employer The Gleason Group Occupation					
	vice Pre	esident/Insurance	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
		Cycle-to-Date ▼	Sponding (2 stotes 111a(t))			
	X Primary General Other (specify) ▼	1000.00				
	Saioi (speedi)) 🔻		1			
	L					
s	UBTOTAL of Receipts This Page (optional)		3000.00			
$\vdash$						
Ιт	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3 )	Use separate schedul	PAGE 11/8/
TEMIZED RECEIPTS	or each category of the	e (check only one)
TEMIZED RESERVES	Detailed Summary Pa	ge   X   11a   11b   11c   11d   15   15   15   15   15   15   1
Any information copied from such Reports and St.	tements may not be sold or used by a	ny person for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and address of any political comm	mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Bill Shuster for Congress		
/		
Full Name (Last, First, Middle Initial)  A. Robert A Gleason, Jr.		Date of Receipt
Mailing Address 522 Elknud Lane		M M / D D / Y Y Y Y
		03 06 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4898
<u>Johnstown</u>	PA 15905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer	Occupation	
The Gleason Group	Insurance Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 0.5.C. 44 ra(1)/44 ra-1)
Primary X General	4000	0.00
Other (specify)		
Full Name (Last, First, Middle Initial)  3. John G Rangos, Jr.		Date of Receipt
Mailing Address 4918 Rte 910		M " M / D " D / Y " Y " Y " Y
-		03 06 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4895
Allison Park	PA 15101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>c</b>	1000.00
Name of Employer Self Employed	Occupation	L'arit la consent Deserta Consentit
Receipt For: 2006	Business owner  Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Election Cycle-to-Date	
Other (specify)	1000	0.00
Full Name (Last, First, Middle Initial)  C. Gary L Reinert, Sr.		Date of Receipt
Mailing Address 946 Carle Street Apt #9		M M / D D / Y Y Y Y
- To Saine Street He		03 06 2006
City	State Zip Code	Transaction ID: SA11Ai-CN4896
Baden	PA 15005	Amount of Each Receipt this Period
FEC ID number of contributing	С	1000.00
federal political committee.		
Name of Employer SAFE	lame of Employer Occupation	
	Businessman/Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼	3(1111)
Other (specify)	2000	0.00
		4000.00
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number of	nlv)	

S	CHEDULE A (FEC Form 3)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/87
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
A.	Full Name (Last, First, Middle Initial) William E Anderson			Date of Receipt
	Mailing Address 121 Mccurdy Drive	01-1-	75.00-16	03 / 20 / 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4938
	Pittsburgh	PA	15235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Cor/Net Ericcson	Occupation Corporate	n e Director	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		2000.00	7
	Other (specify) ▼	0 0	2000.00	
В.	Full Name (Last, First, Middle Initial) J Joseph Zimmerman			Date of Receipt
Ь.	Mailing Address 2257 Castlegreen Dri			<u> </u>
	Walling Address 2257 Castlegreen Dri	ive		02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4873
	Greencastle	PA	17225	Amount of Each Receipt this Period
	FEC ID number of contributing			2000.00
	federal political committee.	C		2000.00
	Name of Employer	Occupation	 n	$\dashv$
	Valley Quarries	President		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	-		1
	Other (specify)		3000.00	
C.	Full Name (Last, First, Middle Initial) Page P Nitterhouse			Date of Receipt
	Mailing Address 1785 Falling Spring F	Road		M M / D D / Y Y Y Y
	City	Ctata	Zin Code	02 17 2006
	City Chambersburg	State PA	Zip Code 17201	Transaction ID: SA11Ai-CN4889  Amount of Each Receipt this Period
	•	17	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer	Occupation	n	Sent Craig reattribution letter
	None	None		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Opending (2 0.3.0. 441d(I)/441d-1)
	X Primary General	1	900.00	7
	Other (specify) ▼	0 0	333.30	1
	LIDTOTAL of Descints This Dame (and the st			4900.00
L	UBTOTAL of Receipts This Page (optional)			
Ι,	OTAL This Period (last page this line number	er only)	,	

S	CHEDULE A (FEC Form 3	1		FOR LINE NUMBER: PAGE 13 / 87
•		,	Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar	y information copied from such Reports ar	nd Statements may	not be sold or used by any pers	son for the purpose of soliciting contributions
or		the name and add	dress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Date of Breezin
Α.	L Michael Ross  Mailing Address 330 Overhill Drive			Date of Receipt
	Maining Address 330 Overnin Drive			02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4876
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Franklin Co Area Dev Corp	Occupatio	n	
	·		c developer/President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
	X Primary General		2000.00	
	Other (specify)	0 0		_
_	Full Name (Last, First, Middle Initial)			D. 10 1.
В.	Roger L Beckner			Date of Receipt
	Mailing Address 6755 Town Drive			02 17 YYYY Y 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4875
	Saint Thomas	PA	17252	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
		1.0		
	Name of Employer Beckner's Wayne Avenue Su-	Occupation	n	Limit Increased Due to Opponent's
	noco Receipt For: 2006	Owner Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Liection	ycle-to-Date ▼	
	Other (specify)		500.00	
C.	Full Name (Last, First, Middle Initial) Gary Lee Treece			Date of Receipt
	Mailing Address RD #2 Box 98-1			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-1-	03 16 2006
	City	State PA	Zip Code	Transaction ID: SA11Ai-CN4928
	Martinsburg	PA	16662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	- Todardi Political Committee.			
	Name of Employer Penn Metal Fabricators	Occupation		15 15 15
		Manager		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	
	X Primary General Other (specify) ▼		1000.00	
	Cirioi (apecily) ¥			_
		I		2000.00
S	UBTOTAL of Receipts This Page (optional	al)		2000.00
-	OTAL This Daylard (last name this line are	shor only		
1 1	OTAL This Period (last page this line num	iber only)		

# SCHEDULE A (FEC Form 3 )

IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 87 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
۹.	Full Name (Last, First, Middle Initial)  Maxine L Gindlesperger  Mailing Address 295 Stonegate Circle S  City  Chambersburg	State PA	Zip Code 17201	Date of Receipt    M M M
	FEC ID number of contributing federal political committee.  Name of Employer	C		2000.00
	e-lynxx Corporation  Receipt For: 2006  X Primary General Other (specify)	VP of Fir	nance Cycle-to-Date ▼ 3000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Dr. Sohael M Raschid  Mailing Address 757 Norland Avenue Suite 210  City	State	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chambersburg	PA	21p Code 17201	Transaction ID: SA11Ai-CN4869  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Women's Health Profession- als Receipt For: 2006  X Primary General Other (specify) ▼	_	n Physician Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
).	Full Name (Last, First, Middle Initial) Thomas M Fulcher, Jr			Date of Receipt
	Mailing Address 5419 Cathedral Avenue	03 14 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4915
	Washington  FEC ID number of contributing federal political committee.	C	20016	Amount of Each Receipt this Period  1000.00
	Name of Employer Julien J. Studley Company	Occupation Executive	е	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Sperium (2 0.5.0. 441a(1)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4000.00
т.	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3	<b>)</b>		FOR LINE NUMBER: PAGE 15 / 87
ITEMIZED RECEIPTS		,	Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
			, -	12 13a 13b 14 15
Ar or	y information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Arthur G Greenberg			Date of Receipt
	Mailing Address 9801 Tibron Court			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4917
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Julien J. Studley Company	Occupation Executive		Limit Increased Due to Opponent's
	Receipt For: 2006		sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		· · · · · · · · · · · · · · · · · · ·	
	Other (specify)		2000.00	
В.	Full Name (Last, First, Middle Initial) David Lipson	•		Date of Receipt
	Mailing Address 3800 Thornapple S	treet		03 / 14 / 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4920
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Julien J. Studley Company	Occupation	า	7
	Julien J. Studiey Company		ate Development	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	tycle-to-Date ▼	Spending (2 0.3.0. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Julie K Rayfield			Date of Receipt
	Mailing Address 8180 Greensboro D	Prive		03 14 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4925
	Mc Lean	VA	22102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Julien J. Studley Company	Occupation Real Esta		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00	
s	UBTOTAL of Receipts This Page (optiona	d)		3000.00
$\vdash$		:		-
T	OTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 87 (check only one)  X 11a 11b 11c 11d 11d 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) David J Perlstein Mailing Address 1555 Colonial Ter Unit		7 in Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Arlington	State VA	Zip Code 22209	Transaction ID: SA11Ai-CN4924  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Julien J. Studley Company  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation Executive Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Neil I Levy Mailing Address 607 Fourteenth Street	NW		Date of Receipt  0 3 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11Ai-CN4919
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Kilpatrick Stockton LLP  Receipt For: 2006  X Primary General Other (specify)	Occupation Partner/F Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Chip Ganassi Mailing Address One Oxford Centre Sui	te 3550		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pittsburgh	State PA	Zip Code 15219	Transaction ID: SA11Ai-CN4906  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10210	500.00
	Name of Employer Chip Ganassi Racing	Occupation CEO		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1500.00	
S	UBTOTAL of Receipts This Page (optional)			2500.00
T	OTAL This Period (last page this line number	only)	<b></b>	

_						
S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/87		
	EMIZED RECEIPTS		or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d		
				12 13a 13b 14 15		
An	y information copied from such Reports and S	tatements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
\	Bill Shuster for Congress					
/	Dill Orluster for Congress					
_	Full Name (Last, First, Middle Initial)					
۹.	James H Dykstra			Date of Receipt		
	Mailing Address 6306 Hunting Ridge La	200		M M / D D / Y Y Y Y		
	Maining / Marioss 0500 Fluriting Flidge La	ai i C		03 31 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4933		
	Mc Lean	VA	22101			
		VA	22101	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.	0				
	Name of Employer	Occupatio	n	$\dashv$		
	Name of Employer Edington Peel & Associate-	Principal		Limit Increased Due to Opponent's		
	s, Inc			Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006	Election	Cycle-to-Date ▼			
	X Primary General	' '	500.00			
	Other (specify) ▼		000.00			
	Full Name (Last, First, Middle Initial)					
<b>3</b> .	Charles M Greenberg			Date of Receipt		
	Mailing Address 322 Johnston Road			M M / D D / Y Y Y Y		
				03 02 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4886		
	<u>Pittsburgh</u>	PA	15241	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	N (5 )	10				
	Name of Employer Pepper Hamilton LLP/Altoo-	Occupatio		Line's language of Dura to Open and the		
	na Curve	Partner/	<b>-</b>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006	Election C	Cycle-to-Date ▼			
	X Primary General	' '	1500.00	1		
	Other (specify)		1300.00			
_	Full Name (Last, First, Middle Initial)					
Э.	Hok Fung Yau			Date of Receipt		
	Mailing Address 1883 E. Pleasant Valle	y Blvd		M M / D D / Y Y Y Y		
				01 19 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4860		
	Altoona	PA	16602	Amount of Each Receipt this Period		
	FEC ID number of contributing			1100.00		
	federal political committee.	C		1100.00		
	Name of Employer	Occupatio				
	Optia/United Computer Pro-			Limit Increased Due to Opponent's		
	ducts Co Inc	Compute		Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006	Liection C	Cycle-to-Date ▼			
	X Primary General		2100.00			
	Other (specify) ▼		2100.00	]		
	4050.00					
S	UBTOTAL of Receipts This Page (optional)			1850.00		
T	OTAL This Period (last page this line number	only)	<b>)</b>			

S	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/8/
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 11d
۸				12 13a 13b 14 15
or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	e and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Bill Shuster for Congress			
_	ű			_
	Full Name (Last, First, Middle Initial)			Data of Bassist
٦.	Hoklai Yau  Mailing Address 204 Linwood Drive			Date of Receipt
	Mailing Address 204 Linwood Drive			01 19 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4859
	Altoona	PA	16602	Amount of Each Receipt this Period
	FEC ID number of contributing	_		1100.00
	federal political committee.	C		1100.00
	Name of Employer	Occupation	1	$\dashv$
	Ontia/United Computer Pro-	Compute		Limit Increased Due to Opponent's
	ddcts 00 inc		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		0100.00	
	Other (specify) ▼		2100.00	
3	Full Name (Last, First, Middle Initial) Kathleen Duffy Bruder			Date of Receipt
٠.	Mailing Address 351 N. 29th Street			M M / D D / Y Y Y Y
	Maining Address 551 Nr. 29th Street			01 11 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4856
	Camp Hill	PA	17011	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer Rhoads & Sinon	Occupation	1	7
	Rhoads & Sinon	ttorney		Limit Increased Due to Opponent's
		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		250.00	
	Other (specify) ▼	0 0		
	Full Name (Last, First, Middle Initial)			
Э.	Hok Shun Yau			Date of Receipt
	Mailing Address 1883 E. Pleasant Valley Bl	vd		M M / D D / Y Y Y Y
	011	01-1-	7'- O-d-	01 19 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4861
	Altoona	PA	16602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Optia/United Cómputer Pro-	ccupation		Limit In an accord Date to Co.
	ducts Co Inc	Compute		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 E	Election C	ycle-to-Date ▼	
	Other (specify)		2100.00	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				'
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)		·····	3450.00
т	OTAL This Period (last page this line number only)		<b>L</b>	

S	CHEDULE A (FEC Form 3 )		Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 19 / 87
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   11d
•	· · · · · · · · · · · · · · · · · · ·			12 13a 13b 14 15
or	ly information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Richard K Curtis			Date of Receipt
	Mailing Address 500 Carousel Court			02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4870
	Gaithersburg	<u>MD</u>	20877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	<u> </u>	
	Professional Inspection & Testing Serv	Vice Pres	sident	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	tycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1000.00	7
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Charles O Smith			Date of Receipt
	Mailing Address 1627 Alexander Avenue	e		02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4878
	Chambersburg	PA	17201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer none	Occupation	1	- Livilland A Double Constant
	Receipt For: 2006	Retired	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	Election	ycie-io-Dale V	
	Other (specify) ▼		1000.00	
<u></u>	Full Name (Last, First, Middle Initial) Brian C McNew			Date of Receipt
	Mailing Address 1658 Black Gap Road			M M / D D / Y Y Y Y
				02 17 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4883
	Fayetteville	PA	17222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	$\neg$
	Brim Builder's, Inc.	Owner-P		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	sycle-to-Date ▼	Spending (2 0.S.C. 44 ra(i)/44 ra-1)
	X Primary General		1000.00	7
_	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			3000.00
H				
T	OTAL This Period (last page this line number of	only)		

IT	CHEDULE A (FEC Form 3 EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 87 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using t	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Gilbert S Brindley, P.E. Mailing Address 317 Buffalo Ridge Ri City	State	Zip Code	Date of Receipt    M
	McMurray  FEC ID number of contributing federal political committee.	C	15317	Amount of Each Receipt this Period  1000.00
	Name of Employer Dick Corporation  Receipt For: 2006  X Primary General Other (specify) ▼		n sident, General Manager Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Sheila L Kimball Mailing Address 201 N. Julian Street			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Ai-CN4899
	Ebensburg  FEC ID number of contributing federal political committee.	C	15931	Amount of Each Receipt this Period  2000.00
	Name of Employer Homemaker  Receipt For: 2006  X Primary General Other (specify) ▼	Occupation none  Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Richard M Scaife			Date of Receipt
	Mailing Address One Oxford Centre 301 Grant Street Sui City	te 3900 State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Pittsburgh	PA	15219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Tribune-Review Publishing Co Receipt For: 2006  X Primary General Other (specify) ▼	_, -	n dirman, Publisher/Owner Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			5000.00
т	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/8/
ITEMIZED RECEIPTS	or each category of the	(check only one)  X 11a  11b  11c  11d
	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ac	ay not be sold or used by any perso ddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Bill Shuster for Congress		
Full Name (Last, First, Middle Initial)  A. Rosemarie R McNew		Date of Receipt
Mailing Address 995 Black Gap Road		02 / 17 / 2006
City State	Zip Code	Transaction ID: SA11Ai-CN4890
Fayetteville PA	17222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Professional Inspection Occupation		Sent redesignation letter
<u>&amp; Test</u> Presider	• • •	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Election  X Primary General	Cycle-to-Date ▼	
Other (specify) ▼	2100.00	
Full Name (Last, First, Middle Initial)  3. Rosemarie R McNew		Date of Receipt
Mailing Address 995 Black Gap Road		02 17 2006
City State	Zip Code	Transaction ID: SA11Ai-CN4891
<u>Fayetteville</u> PA	17222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		900.00
Name of Employer Occupation Professional Inspection		Sent redesignation letter
& Test Fresidei	nt Cycle-to-Date <b>▼</b>	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General		
Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial)  C. Robert F Zedreck		Date of Receipt
Mailing Address 237 Sygan Road		03 / 06 / 2006
City State	Zip Code	Transaction ID: SA11Ai-CN4901
Mc Donald PA	15057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Occupation Gleason Insurance Produce		Limit Increased Due to Opponent's
Receipt For: 2006 Election	er Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 87 (check only one)  X 11a 11b 11c 11d
Δn	y information copied from such Reports and S	tatemente may		12 13a 13b 14 15
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
۹.	Full Name (Last, First, Middle Initial) Richard C Barnett  Mailing Address 3504 Cummings Lane			Date of Receipt
	- <u> </u>			03 14 2006
	Chevy Chase	State MD	Zip Code 20815	Transaction ID: SA11Ai-CN4912  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Kilpatrick Stockton LLP  Receipt For: 2006  X Primary General  Other (specify) ▼		of Government Relations  cycle-to-Date   2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Mark K Gleason			Date of Receipt
	Mailing Address 869 Old Hickory Road			03 06 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11Ai-CN4900
	Pittsburgh	PA	15243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Gleason & Associates, CPA	Occupation CPA	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 500.00	Speriding (2 0.0.0. 441a(I)/441a-1)
— Э.	Full Name (Last, First, Middle Initial) Henry C Bradley			Date of Receipt
	Mailing Address 406 Virginia Avenue			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: SA11Ai-CN4914
	Alexandria  FEC ID number of contributing federal political committee.	C	22302	Amount of Each Receipt this Period  250.00
	Name of Employer Chad Bradley & Associates	Occupation Lobbyist	n	Limit Increased Due to Opponent's
	Receipt For: 2006  X Primary General  Other (specify) ▼		Sycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last page this line number	only)	<b>&gt;</b>	

_				FOR LINE NUMBER. BACE 00 / 07		
5(	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 87 (check only one)		
IT	EMIZED RECEIPTS		or each category of the			
•	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 11d		
				12 13a 13b 14 15		
An	y information copied from such Reports and Si	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\rangle$	Bill Shuster for Congress					
_						
	Full Name (Last, First, Middle Initial)					
۹.	Gordon A Goodin			Date of Receipt		
	Mailing Address 6467 Avenida De Galve	ez		M M / D D / Y Y Y		
				03 14 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4916		
	Navarre	FL	32566	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		1000.00		
	Name of Employer Bayside Development Co	Occupatio	n			
	Bayside Development Co	Real Est	ate Developer	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General			1		
	Other (specify)		1000.00			
				1		
	Full Name (Last, First, Middle Initial)					
3.	Ms Jean Harvell			Date of Receipt		
	Mailing Address 6467 Avenida De Galve	 P7		M M / D D / Y Y Y Y		
	Walling Address 0407 Averlida De Galvez			03 14 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4918		
	Navarre	FL	32566	Amount of Each Receipt this Period		
			32300	Amount of Lacif Neceipt this Feriod		
	FEC ID number of contributing federal political committee.	C		1000.00		
	rederal political committee.					
	Name of Employer	Occupatio	n			
	Homemaker'	none		Limit Increased Due to Opponent's		
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General		yele to Eate V	1		
	Other (specify)		1000.00			
	Carlor (openity)	0 0				
	Full Name (Last, First, Middle Initial)					
Э.	Emmett H Miller, III			Date of Receipt		
	Mailing Address 719 South Overlook Dr	rive		M M / D D / Y Y Y Y		
	7 TO COULT CVCTICOR DI	100		03 14 2006		
	City	State	Zip Code	Transaction ID: SA11Ai-CN4922		
	Alexandria	VA	22305	Amount of Each Receipt this Period		
		17.1		7 thouse of Each Flooding this Forest		
	FEC ID number of contributing federal political committee.	C		400.00		
	rederal political committee.					
	Name of Employer	Occupatio	n			
	Kilpatrick Stockton	Lobbyist		Limit Increased Due to Opponent's		
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General		1 1 1 1 1 1 1	1		
	Other (specify) ▼		400.00			
		- 0 0	1 1 1 1 1 1 1	1		
SUPTOTAL of Descripto This Dage (entional)						
3	UBTOTAL of Receipts This Page (optional)					
_	OTAL This Desired (lead at 1971 Process	1- 3				
T	OTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/8/			
TEMIZED RECEIPTS	or each category of the	(check only one)			
	Detailed Summary Page	X   11a			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any perso	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)	and address of any political committee to	Solicit Goldingations from Such Committee.			
Bill Shuster for Congress					
/					
Full Name (Last, First, Middle Initial)  A. Mr Avi Schron		Date of Receipt			
Mailing Address 1459 East 18th Street		M M / D D / Y Y Y Y			
-		03 14 2006			
City	State Zip Code	Transaction ID: SA11Ai-CN4926			
Brooklyn	NY 11230	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Cammemby's International	Occupation	7			
	Real Estate Development	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼	3( )			
Other (specify)	1000.00				
Full Name (Last, First, Middle Initial)  3. Mark J Schron		Date of Receipt			
Mailing Address 1430 Ardenwood Avenue		M M / D D / Y Y Y Y			
	03 14 2006				
City	State Zip Code	Transaction ID: SA11Ai-CN4927			
Lakewood	NJ 08701	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Cammemby's International	Occupation				
	Real Estate Development	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼				
Other (specify)	1000.00				
Full Name (Last, First, Middle Initial)  C. Ruth F Anderson		Date of Receipt			
Mailing Address 121 Mccurdy Drive		03 20 2006			
City	State Zip Code	Transaction ID: SA11Ai-CN4939			
Pittsburgh	PA 15235	Amount of Each Receipt this Period			
FEC ID number of contributing	C	2000.00			
federal political committee.	0	200.00			
Name of Employer None	Occupation	7			
	Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼				
Other (specify)	2000.00				
SUBTOTAL of Receipts This Page (optional)					
COLIDER OF TOCOPIC THIS LAYE (Optional)	·······				
TOTAL This Period (last page this line number on	y)				

# **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 25/87 SCHEDULE A (FEC Form 3 ) Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) A. Edward B Dunlap Date of Receipt Mailing Address 1114 Grandview Avenue 03 06 2006 City State Zip Code Transaction ID: SA11Ai-CN4940 Pittsburgh PA 15211 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. In-Kind Contribution Name of Employer LeMont Restaurant Occupation Limit Increased Due to Opponent's Owner Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General In-Kind Received 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00
TOTAL This Period (last page this line number only)	•	61150.00

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 87 (check only one)  11a
An	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
΄ Α.	Full Name (Last, First, Middle Initial) ARTBA			Date of Receipt
	Mailing Address 1010 Massachusetts A	ve NW		03 13 2006
	City	State	Zip Code	Transaction ID: SA11C-CN4910
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0118208	1000.00
	Name of Employer none	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2500.00	
В.	Full Name (Last, First, Middle Initial) Farm Credit Council			Date of Receipt
	Mailing Address 50 F Street NW - Suite 900			03 27 2006
	City	State	Zip Code	Transaction ID: SA11C-CN4930
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0193631	1000.00
	Name of Employer none	Occupation none	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
С.	Full Name (Last, First, Middle Initial) College of American Pathologists			Date of Receipt
	Mailing Address 1350 I Street NW			03 14 2006
	City	State	Zip Code	Transaction ID: SA11C-CN4921
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00274944		1000.00
	Name of Employer none	Name of Employer Occupation		
		none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General	Election C	Cycle-to-Date ▼	Sponding (2 s.s.s. Trra()/Trra Tr
	X Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
T	OTAL This Period (last page this line number of	only)		

	HEDULE A (FEC Form 3 ) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 87 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
`	IAME OF COMMITTEE (In Full) Bill Shuster for Congress			
<b>4.</b> P	ull Name (Last, First, Middle Initial) Portland Cement Association Inc Mailing Address 1130 Connecticut Ave Suite 1250	nue NW		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11C-CN4936
	Vashington	DC	20036	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	<b>C</b> C00	0237065	1000.00
n	lame of Employer one  leceipt For: 2006  X Primary General Other (specify)	Occupation none  Election C	Dycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3. <u>A</u>	full Name (Last, First, Middle Initial) American Composites Manufacturers Mailing Address 1010 N. Glebe Road	1		Date of Receipt
_	Suite #450	State	Zip Code	0 3 1 4 2 0 0 6  Transaction ID: SA11C-CN4911
	Arlington	VA	21p Code 22201	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.		0388157	1000.00
n	lame of Employer one	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
H	Receipt For: 2006  X Primary General  Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial)	I		Date of Receipt
N	Mailing Address 2000 K Street NW Sui	te 500		03 / 31 / 2006
	City	State	Zip Code	Transaction ID: SA11C-CN4934
	Vashington	DC	20006	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	<b>C</b> C00	0021295	1000.00
	lame of Employer one	Occupation	n	Limit Increased Due to Opponent's
R	Receipt For: 2006  X Primary General Other (specify)		Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUE	BTOTAL of Receipts This Page (optional)			3000.00
TO	<b>FAL</b> This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28/8/				
TEMIZED RECEIPTS	or each category of the	(check only one)				
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15				
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any personal and address of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)	mo and address or any pontical committee to	Solicit Contributions from Such Confinitities.				
Bill Shuster for Congress						
/						
Full Name (Last, First, Middle Initial)  A. Mountaintop Technologies, Inc.		Date of Receipt				
Mailing Address 647 Main Street Suite 310	0	M M / D D / Y Y Y Y				
		03 06 2006				
City	State Zip Code PA 15901	Transaction ID: SA11C-CN4907				
Johnstown  EEC ID number of contributing		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	<b>C</b> C00396176	500.00				
Name of Employer none	Occupation	7				
	none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼					
Other (specify)	1500.00					
Full Name (Last, First, Middle Initial)  3. Southern Company Employees		Date of Receipt				
Mailing Address 241 Ralph McGill Blvd NI	Ξ	M M / D D / Y Y Y Y				
<u> </u>	02 23 2006					
City Atlanta	State Zip Code GA 30308	Transaction ID: SA11C-CN4893				
	1 1 1 1 1 1	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	<b>C</b> C00144774	2000.00				
Name of Employer none	Occupation	T				
	none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2006  X Primary General	Election Cycle-to-Date ▼	1				
Other (specify) ▼	3000.00					
Full Name (Last, First, Middle Initial)  Southern Company Employees		Date of Receipt				
Mailing Address 241 Ralph McGill Blvd Ni		M M / D D / Y Y Y Y				
City	State Zip Code	0 2 2 3 2 0 0 6  Transaction ID: SA11C-CN4894				
Atlanta	GA 30308	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	<b>C</b> C00144774	2000.00				
Name of Employer	Occupation	7				
none	none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2006	Election Cycle-to-Date ▼	Opending (2 0.0.0. 441a(1)/441a-1)				
X Primary General Other (specify) ▼	5000.00					
SUPTOTAL of Descripts This Base (antional)		4500.00				
SUBTOTAL of Receipts This Page (optional)	······					
TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 87 (check only one)
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	 y not be sold or used by any pers dress of any political committee to	12 13a 13b 14 15  on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Δ.	Full Name (Last, First, Middle Initial) NFG FED			Date of Receipt
	Mailing Address 10 Lafayette Square			03 / 14 / 2006
	City	State NY	Zip Code	Transaction ID: SA11C-CN4923
	Buffalo  FEC ID number of contributing federal political committee.	- 1	14203 0083758	Amount of Each Receipt this Period  1000.00
	Name of Employer none	Occupatio none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Speriding (2 0.5.0. 441a(1)/441a-1)
В.	Full Name (Last, First, Middle Initial) Credit Union Legislative Council			Date of Receipt
	Mailing Address 601 Pennsylvania Aven South Bldg Suite 600	02 17 2006		
	City Washington	State DC	Zip Code 20004	Transaction ID: SA11C-CN4885
	FEC ID number of contributing federal political committee.		0007880	Amount of Each Receipt this Period  1000.00
	Name of Employer none	Occupatio none	n	Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 6000.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u>.</u> С.	Full Name (Last, First, Middle Initial) National Beer Wholesalers Assoc			Date of Receipt
	Mailing Address 1100 King Street Suite	600		02 17 2006
	City	State	Zip Code	Transaction ID: SA11C-CN4884
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0144766	5000.00
	Name of Employer none	Occupatio none	Limit Increased Due to Opponent's	
	Receipt For: 2006  Primary X General Other (specify) ▼		Cycle-to-Date ▼ 10000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)		)	7000.00
Т	OTAL This Period (last page this line number o	nlv)		

IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 87 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15	
An or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) Klett Rooney Lieber Schorling Mailing Address 1 Oxford Centre, 40th F	Floor State	Zip Code	Date of Receipt    M M M	
	Pittsburgh	PA	15219	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0366377	1000.00	
	Name of Employer none  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation none  Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
3.	Full Name (Last, First, Middle Initial) UPS Mailing Address 55 Glenlake Parkway N	IE		Date of Receipt  0 3	
	City	State	Zip Code	Transaction ID: SA11C-CN4935	
	Atlanta	GA	30328	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0064766	1000.00	
	Name of Employer none  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation none  Election C	on Cycle-to-Date ▼ 4000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Full Name (Last, First, Middle Initial) Associated General Contractors			Date of Receipt	
	Mailing Address 333 John Carlyle Stree	t Suite 200		0 3	
	City	State	Zip Code	Transaction ID: SA11C-CN4931	
	Alexandria  FEC ID number of contributing federal political committee.	C CO	22314 0082917	Amount of Each Receipt this Period 4500.00	
	Name of Employer none	Occupation none		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 7581.18		
s	UBTOTAL of Receipts This Page (optional)			6500.00	
T	OTAL This Period (last page this line number of	only)			

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 87 (check only one)  11a 11b X 11c 11d 12 13a 13b 14 15
Any or f	r information copied from such Reports and State or commercial purposes, other than using the i	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
۹.	Full Name (Last, First, Middle Initial) Walmart Stores Inc. Mailing Address 702 SW Eighth Street City	State	Zip Code	Date of Receipt    M M M
•	Bentonville FEC ID number of contributing federal political committee.	C CO	72716 0093054	Amount of Each Receipt this Period  1000.00
	Name of Employer none  Receipt For: 2006  X Primary General Other (specify) ▼	Occupation none Election C	Cycle-to-Date ▼ 4000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) National Federation of Independent Business Mailing Address 1201 F Street NW Suite	e 200		Date of Receipt    M
	City	State	Zip Code	Transaction ID: SA11C-CN4929
	Washington FEC ID number of contributing federal political committee.	C CO	20004 0101105	Amount of Each Receipt this Period  1000.00
	Name of Employer none  Receipt For: 2006  X Primary General Other (specify) ▼	Occupation none  Election C	Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
շ.	Full Name (Last, First, Middle Initial) DaimlerChrysler Corp Mailing Address 1000 Chrysler Drive			Date of Receipt
		Ctoto	7in Codo	01 19 2006
	City Auburn Hills	State MI	Zip Code 48326	Transaction ID: SA11C-CN4858  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0043687	1000.00
	Name of Employer none  Receipt For: 2006  X Primary General Other (specify) ▼	Occupation none  Election C	Dycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional)			3000.00
TC	<b>DTAL</b> This Period (last page this line number of	ınlv)		

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32 / 87 (check only one)	$\overline{}$
''	EIMIZED NEGEIP 13		Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14	15
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
۹.	Full Name (Last, First, Middle Initial) Highmark Health			Date of Receipt	
	Mailing Address 1800 Center Street			03 / 06 / 2006	
	,	State	Zip Code	Transaction ID: SA11C-CN4905	
	Camp Hill	PA	17089	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0302844	500.00	
	none	ccupation one		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
		Election C	ycle-to-Date ▼	Spending (2 0.5.0. 441a(1)/441a-1)	
	X Primary General Other (specify) ▼		1500.00		
3.	Full Name (Last, First, Middle Initial) American Concrete Pavement Assoc			Date of Receipt	
	Mailing Address 800 North Third Street Suite 201			03 / 14 / 2006	
	City	State	Zip Code	Transaction ID: SA11C-CN4913	
	Harrisburg	PA	17102	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0322727	1000.00	
	Name of Employer O	ccupation	า	7	
	none	one		Limit Increased Due to Opponent's	
		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General Other (specify) ▼	0 0	2000.00		

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	28500.00

## SCHEDULE A (FEC Form 3 )

FOR LINE NUMBER: PAGE 33 / 87 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa Date of Receipt Mailing Address 1001 LaFayette Drive 0.1 05 2006 City State Zip Code Transaction ID: SA14-ER74 **Farmington** PA 15437 Amount of Each Receipt this Period FEC ID number of contributing C 2864.40 federal political committee. Expenditure Refund Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 4281.35 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2	2864.40
TOTAL This Period (last page this line number only)	<b>•</b>		2864.40

nage# 20900030010					
SCHEDULE B (FEC For ITEMIZED DISBURSEM	•	for each	erate schedule(s) category of the Summary Page	FOR LINE (check onl	NUMBER: PAGE 34 / 87 y one)  X 17 18 19a 19b 20a 20b 20c 21
					for the purpose of solicating contributions blicit contributions from such committee
NAME OF COMMITTEE (In Full) Bill Shuster for Congress					
Full Name (Last, First, Middle Initia  A. US Postal Service					Transaction ID: SB17-EX3919 Date of Disbursement  0 1
Mailing Address 525 Alleghe	eny Street				01 05 2006
City Hollidaysburg		State PA	Zip Code 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Postage				004	88.80
Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses
State: District:					
Full Name (Last, First, Middle Initia B. US Postal Service	al)				Transaction ID: SB17-EX4028  Date of Disbursement
Mailing Address 525 Alleghe	eny Street				02 17 2006
City Hollidaysburg		State PA	Zip Code 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Postage				001	224.48  Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses
State: District:	- D				
Full Name (Last, First, Middle Initia  C. US Postal Service	ai)				Transaction ID: SB17-EX3974 Date of Disbursement
Mailing Address 525 Alleghe	eny Street				02 17 2006
City Hollidaysburg		State PA	Zip Code 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Postage				001	72.00  Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses
State: District:			-· •		
SUBTOTAL of Disbursements This	Page (optional)				385.28

TOTAL This Period (last page this line number only) ......

·	20300030013				
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	for each cat	te schedule(s) regory of the mmary Page	(check only	NUMBER: PAGE 35 / 87  y one)  X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nar				or the purpose of solicating contributions
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) US Postal Service				Transaction ID: SB17-EX4003 Date of Disbursement  0 3
	Mailing Address 525 Allegheny Street  City	State Z	Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg		16648		78.26
	Purpose of Disbursement Postage Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For:  X Primary  Other (specif	2006 General y) <b>V</b>	1,700	Administrative/Salary/Ove- rhead Expenses
_	State: District:  Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4072
B.	US Postal Service  Mailing Address 525 Allegheny Street				Date of Disbursement    A   A   A   A   A   A   A   A   A
	City Hollidaysburg		Zip Code 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate 2	sement For:  C Primary  Other (specif	2006 General y) <b>V</b>		Administrative/Salary/Ove- rhead Expenses
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4078
C.	US Postal Service				Date of Disbursement
	Mailing Address 525 Allegheny Street				03 M / 22 / Y 2006 Y
	City Hollidaysburg		Zip Code 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For:  X Primary  Other (specif	2006 General y) <b>V</b>	,,	Administrative/Salary/Ove- rhead Expenses
Г	State: District:				
٦	IIRTOTAL of Dishursements This Page (ontional	١		_	585.26

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) ......

C 4				
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 36 / 87
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	_   `	X 17
	Liferentia de la Contra de		11	20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\setminus$	NAME OF COMMITTEE (In Full)			
//	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4004
Α.	William Shuster			Date of Disbursement
	Mailing Address 9 Overlook Drive			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$
		State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement			18.57
	Meals Candidate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under
			Type	11 C.F.R. 400.53
		ment For: 2006 Primary General		Travel Expenses
	President	Other (specify)		
	State: District:	•		
В.	Full Name (Last, First, Middle Initial) William Shuster			Transaction ID: SB17-EX4057
				Date of Disbursement  O 3
	Mailing Address 9 Overlook Drive			03 22 2006
	•	State Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg Purpose of Disbursement	PA 16648		161.00
	Meals		002	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	° 🗎 –	ment For: 2006 Primary General		Travel Expenses
	President	Other (specify)		
	State: District:	-		
C.	Full Name (Last, First, Middle Initial) William Shuster			Transaction ID: SB17-EX4058 Date of Disbursement
	Mailing Address 9 Overlook Drive			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & D & D \\ 2 & D & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement			74.00
	Taxi/Car/Bus Expense Candidate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under
			Туре	11 C.F.R. 400.53
	· →   -	ment For: 2006 Primary General		Travel Expenses
	President	Other (specify)		
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .			253.57

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule(s)	FOR LINE (check onl	IE NUMBER: PAGE 37 / 87			
		for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	Information copied from such Reports and States or commercial purposes, other than using the name.						
_	NAME OF COMMITTEE (In Full)						
$\rangle$	Bill Shuster for Congress						
۹.	Full Name (Last, First, Middle Initial) Morrison Cove Republican Club			Transaction ID: SB17-EX3953 Date of Disbursement			
	Mailing Address RD 1 Box 426 Meadowside Acres	01					
	City Martinsburg	State Zip Code PA 16662		Amount of Each Disbursement this Period			
	Purpose of Disbursement			16.00			
	Dues Candidate Name		O01 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate X President	ement For: 2006  Primary General  Other (specify)		Administrative/Salary/Ove- rhead Expenses			
	State: District:						
В.	Full Name (Last, First, Middle Initial) Jaffa Circus Advertising			Transaction ID: SB17-EX4047 Date of Disbursement			
	Mailing Address PO Box 1984			03 16 7 2006			
	City Altoona	State Zip Code PA 16603		Amount of Each Disbursement this Period			
	Purpose of Disbursement Print Ads	004	175.00  Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	ÿ	ement For: 2006  ( Primary General Other (specify)		Advertising Expenses			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Ciocca Benton & Company, P.C.			Transaction ID: SB17-EX3904 Date of Disbursement			
	Mailing Address PO Box 1473		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Altoona	State Zip Code PA 16603		Amount of Each Disbursement this Period			
	Purpose of Disbursement	, and	6588.51				
	Office Expenses Candidate Name	O01 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate X President	ement For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses			
	State: District:						
SI	JBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	6779.51			

g				
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 38 / 87 y one)
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l ` -	X 17 18 19a 19b
Δ			d b	20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
Λ	NAME OF COMMITTEE (In Full)			
/	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX3961
Α.	Ciocca Benton & Company, P.C.			Date of Disbursement
	Mailing Address PO Box 1473			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & 2 & 0 & 0 & 6 \\ 2 & 0 & 0 & 6 \\ \end{smallmatrix} \end{bmatrix}$
	City Altoona	State Zip Code PA 16603		Amount of Each Disbursement this Period
	Purpose of Disbursement		• •	4050.00
	Professional Services  Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Type	11 C.F.R. 400.53
	9 🗎 –	ement For: 2006		Administrative/Salary/Ove-
	Senate X President	☐ Primary ☐ General Other (specify) ▼		rhead Expenses
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4029
В.	Copy Rite			Date of Disbursement
	Mailing Address 301 Allegheny Street			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 & Y \end{bmatrix}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Hollidaysburg Purpose of Disbursement	PA 16648		126.91
	Office Expenses		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	9 🔲 –	ement For: 2006 Primary General		Administrative/Salary/Ove-
	President	Other (specify)		rhead Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) Copy Rite			Transaction ID: SB17-EX4069 Date of Disbursement
	Mailing Address 301 Allegheny Street			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses		001	7.70
	Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006		Administrative/Salary/Ove-
	Senate X President	☐ Primary ☐ General Other (specify) ▼		rhead Expenses
	State: District:	_ Culei (Specify) \		
	INDICATAL of Dishara and This Day ( )			4184.61
ΙS	<b>UBTOTAL</b> of Disbursements This Page (optional)			710.71

	CHEDULE B (FEC Form 3)	Use seperate schedu		FOR LINE (check only	
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa		l`	X 17
۸۰	y Information copied from such Reports and S	tatements may not be cold as	need by	any porcen fo	20a 20b 20c 21
	for commercial purposes, other than using the				
$\setminus$	NAME OF COMMITTEE (In Full)				
//	Bill Shuster for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4071
Α.	The Orchards				Date of Disbursement
	Mailing Address 1580 Orchard Drive				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$
	City Chambersburg	State Zip Code PA 17201			Amount of Each Disbursement this Period
	Purpose of Disbursement		Тг	-	3996.30
	Fundraising Candidate Name		-	003 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		"	Type	11 C.F.R. 400.53
	Office Sought: House Dis	bursement For: 2006  X Primary Gene			Solitication and Fundrais-
	President	Other (specify)	ii ai		ing Expenses
	State: District:				
В.	Full Name (Last, First, Middle Initial) Altoona Mirror				Transaction ID: SB17-EX3979
	Altoona Militoi				Date of Disbursement  O 2  D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 2008				02 17 2006
	City Altoona	State Zip Code PA 16602			Amount of Each Disbursement this Period
	Purpose of Disbursement	PA 10002	1-		394.46
	Print Ads		_  L	004	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis	bursement For: 2006  X Primary Gene	ıral		Advertising Expenses
	President	Other (specify)	i ai		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Verizon				Transaction ID: SB17-EX3901 Date of Disbursement
	Mailing Address PO Box 8585				$ \begin{bmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 1 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	City Philadelphia	State Zip Code PA 19173			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	142.41
	Telephone Candidate Name		-	001 Category/	Refund or Disposal of Excess Contributions Required Under
				Type	11 C.F.R. 400.53
	Office Sought: House Dis	bursement For: 2006  X Primary Gene	ıral		Administrative/Salary/Ove-
	President	Other (specify)	al		rhead Expenses
_	State: District:	·			
s	UBTOTAL of Disbursements This Page (option	onal)			4533.17

S	CHEDULE B (FEC Form 3)		I EOD LINI	E NUMBER: PAGE 40 / 87			
	· ·	Use seperate schedule(s)	(check on				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
$\setminus$	NAME OF COMMITTEE (In Full)						
/	Bill Shuster for Congress						
<u>'</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX3968			
A.	Verizon			Date of Disbursement			
	Mailing Address PO Box 8585			02 10 7 2006			
		State Zip Code		Amount of Each Disbursement this Period			
	Philadelphia	PA 19173		15100			
	Purpose of Disbursement			151.62			
	Telephone Candidate Name		001	Refund or Disposal of Excess Contributions Required Under			
	Candidate Name		Category/ Type	11 C.F.R. 400.53			
	Office Sought: House Disburse	ement For: 2006	1,700	-			
	· — —	Primary General		Administrative/Salary/Ove- rhead Expenses			
	President	Other (specify)		modd Expenses			
	State: District:						
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4087			
В.	SAC Computer Solutions Inc			Date of Disbursement			
	Mailing Address 15 South Montgomery St Suite 2	treet		03			
		State Zip Code		Amount of Each Disbursement this Period			
		PA 16648		150.00			
	Purpose of Disbursement Office Expenses		001	Refund or Disposal of Excess			
	Candidate Name		Category/	Contributions Required Under			
			Туре	11 C.F.R. 400.53			
		ement For: 2006		Administrative/Salary/Ove-			
	Senate X President	Primary General		Administrative/Salary/Ove- rhead Expenses			
	State: District:	Other (specify) ▼					
	Full Name (Last, First, Middle Initial)			ID OD47 EV4004			
C.	Sunoco			Transaction ID: SB17-EX4031 Date of Disbursement			
	Mailing Address 1700 Seventh Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	011	<u> </u>					
	City Altoona	State Zip Code PA 16602		Amount of Each Disbursement this Period			
	Purpose of Disbursement	10002		37.00			
	Vehicle Expenses		001	Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse	ement For: 2006	•	Administrative/Salary/Ove-			
		Primary General		rhead Expenses			
	President	Other (specify) ▼					
_	State: District:						
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	338.62			

iiay	ен 20900030023						
	CHEDULE B (FEC Form	•		erate schedule(s)	FOR LINE	NUMBER:	PAGE 41 / 87
IT	EMIZED DISBURSEMEN	NTS		category of the Summary Page	_ i `	X 17 18 20a 20b	19a 19b 20c 21
	y Information copied from such Report for commercial purposes, other than us						
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	Bill Shuster for Congress						
	Full Name (Last, First, Middle Initial)					Transaction ID: 9	SB17-EX3944
Α.	Sheetz Inc					Date of Disbursen	
	Mailing Address 5700 Sixth Av	enue				01 20	2006
	City Altoona		State PA	Zip Code 16602		Amount of Each D	Disbursement this Period
	Purpose of Disbursement						27.00
	Vehicle Expenses				001	Refund or Disp	oosal of Excess
	Candidate Name				Category/ Type	Contributions 11 C.F.R. 400	Required Under .53
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General		Administrative/S rhead Expenses	Salary/Ove-
	State: District:			•			
	Full Name (Last, First, Middle Initial)					Transaction ID: 9	SB17-FX4023
В.	Sheetz Inc					Date of Disbursen	
	Mailing Address 5700 Sixth Av	enue				02 / 017	2006
	City Altoona		State PA	Zip Code 16602		Amount of Each D	Disbursement this Period
	Purpose of Disbursement						38.70
	Vehicle Expenses				001		posal of Excess
	Candidate Name				Category/ Type	11 C.F.R. 400	Required Under .53
	Office Sought: House		ment For:	2006		Administrative/S	Salary/Ove-
	Senate	X	Primary	General		Administrative/S rhead Expenses	balal y/ O VO
	State: President  District:		Other (spe	ecity) 🔻			
	Full Name (Last, First, Middle Initial)	_1				Transaction ID: S	SR17-FY4024
C.	Sheetz Inc					Date of Disbursen	nent
	Mailing Address 5700 Sixth Av	enue				02 17	2006
	City Altoona		State PA	Zip Code 16602		Amount of Each D	Disbursement this Period
	Purpose of Disbursement					L	8.55
	Vehicle Expenses Candidate Name				001 Category/ Type	Refund or Disp Contributions 11 C.F.R. 400	oosal of Excess Required Under .53
	Office Sought: House	Dishurse	ment For:		ı ype		
	Senate		Primary	General		Administrative/S rhead Expenses	Salary/Ove-
	President		Other (spe			meau Expenses	
_	State: District:			· 			
1							

74.25

SUBTOTAL of Disbursements This Page (optional) .....

S	CHEDULE B (FEC For	m 3 )				FOR LINE	NUMBE	R·			F	AGE	42 / 87
	EMIZED DISBURSEMI	-		erate schedule(s) category of the		(check onl	aly one)						
••	LIMIZED DIODOTIOEIMI			Summary Page		[	X 17 20a		18 20b	I	19a 20a		19b 21
	ny Information copied from such Rep for commercial purposes, other than												
$\vdash$	NAME OF COMMITTEE (In Full)												
$ \rangle$	Bill Shuster for Congress												
Α.	Full Name (Last, First, Middle Initial) Sheetz Inc								ion IE		SB17- ment	EX4	059
	Mailing Address 5700 Sixth	Avenue					0 <sup>M</sup> 3	М	/ D	2	<sup>D</sup> /	Y	2006
	City Altoona		State PA	Zip Code 16602			Amou	unt o	f Eac	h I	Disburs	emer	nt this Period
	Purpose of Disbursement Vehicle Expenses			10002		001		ofun	d or [	)ie	sposal o	f Evo	37.60
	Candidate Name				Ca	ategory/ Type	C	ontri		าร	Requir		
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 General			Admi rhead	nist I Ex	rative pens	e/S	Salary s	/Ove	<del>)</del> -
	State: District:												
В.	Full Name (Last, First, Middle Initial)  - Sheetz Inc							ion IE		SB17- ment	EX4	060	
	Mailing Address 5700 Sixth	Avenue					0 <sup>M</sup> 3	М	/ D	2	<sup>D</sup> /	Y	2006
	City Altoona		State PA	Zip Code 16602			Amou	unt o	f Eac	h I	Disburs	emer	nt this Period
	Purpose of Disbursement Vehicle Expenses					001	Refund or Disposal of Excess Contributions Required Under						
	Candidate Name					ategory/ Type			bution F.R. 4			ed Ui	nder
	Office Sought: House Senate President		ement For:  Primary  Other (spe	2006 General			Admi rhead	nist I Ex	rativ	e/S	Salary	/Ove	<del>)</del> -
	State: District:												
C.	Full Name (Last, First, Middle Initia Sheetz Inc	1)							ion IE		SB17- ment	EX4	061
	Mailing Address 5700 Sixth Avenue						0 3	М	/ D	2	<sup>D</sup> /	Y 2	006
	City Altoona		State PA	Zip Code 16602			Amou	unt o	f Eac	h I	Disburs	emer	nt this Period
	Purpose of Disbursement					• •							28.90
	Vehicle Expenses Candidate Name				Ca	001 ategory/ Type	C	ontri		าร	sposal o Requir 0.53		
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		71	Admi rhead	nist I Ex	rative pens	e/S	Salary s	/Ove	<del>)</del> -
	State: District:		_ Cuioi (spe	Jony) ▼									
s	SUBTOTAL of Disbursements This I	Page (optional)				•			•	•			105.20

SCHEDULE B (FEC Form 3 )   Use separate schedule(s) for each calegory of the calegory of th					
Transaction ID: SB17-EX4062  Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solitating contributions or for commercial purposes, other than using the name and address of any political committee to solical contributions from such committee of control committee to solicat contributions from such committee of control control committee of control control committee of control		•		_	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such con	П	EMIZED DISBURSEMENTS		` <u>-</u>	X 17 18 19a 19b
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  Bill Shuster for Congress  Full Name (Last, First, Middle Initial)  A. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City State Zip Code Altoona President State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City State Zip Code Altoona PA 16602  Purpose of Disbursement For: 2006 Altoona Persident State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City State Zip Code Altoona PA 16602  Purpose of Disbursement Vehicle Expenses  Candidate Name  Category' Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code Altoona PA 16602  Purpose of Disbursement For: 2006  X Primary General President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB17-EX4073  Date of Disbursement this Period  17. 37  Refurnd or Disposed of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overrhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overrhead	_	16 5 16 18			
Bill Shuster for Congress  Full Name (Last, First, Middle Initial) A Sheetz Inc  Mailing Address 5700 Sixth Avenue  City State Zip Code Altoona PA 16602  Purpose of Disbursement Vehicle Expenses  Candidate Name  City Senate President State: Disbursement For: 2006  Altoona President State: Disbursement President State: Disbursement President State: Disbursement Vehicle Expenses  Candidate Name (Disbursement President State: Disbursement President Disbursement President State: Disbursement President Disbursement Disburse					
Full Name (Last, First, Middle Initial)  A. Sheetz Inc  Maling Address 5700 Sixth Avenue  City State Zip Code Altoona PA 18602  Purpose of Disbursement Vehicle Expenses  Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  Sheetz Inc  Maling Address 5700 Sixth Avenue  Disbursement For: 2006  X Primary General President Disbursement For: 2006 Altoona PA 18602  Furpose of Disbursement For: 2006 Altoona PA 18602  Furpose of Disbursement To District:  Full Name (Last, First, Middle Initial)  Sheetz Inc  Maling Address 5700 Sixth Avenue  City State Zip Code Altoona PA 18602  Furpose of Disbursement To District: Transaction ID: SB17-EX4073  Date of Disbursement Initial Primary General President Senate President Other (specify) ▼  Transaction ID: SB17-EX4073  Date of Disbursement Initial Primary General	$\setminus$	• ,			
A. Sheetz Inc  Malling Address 5700 Sixth Avenue  City State Zip Code Altoona PA 16602  Purpose of Disbursement Vehicle Expenses Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Malling Address 5700 Sixth Avenue  City State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code Altoona PA 16602  Purpose of Disbursement  Office Sought: House Disbursement For: 2006  Altoona PA 16602  Purpose of Disbursement  Office Sought: House President Disbursement For: 2006  Senate President Disbursement For: 2006  Administrative/Salary/Ove-fread Expenses  Candidate Name  Office Sought: House PA 16602  Full Name (Last, First, Middle Initial)  State: District: Transaction ID: SB17-EX4073  Date of Disbursement this Period  Transaction ID: SB17-EX4073  Date of Disbursement this Period  Administrative/Salary/Ove-fread Expenses  Candidate Name  Office Sought: House PA 16602  Full Name (Last, First, Middle Initial)  Transaction ID: SB17-EX4073  Date of Disbursement this Period  Transaction ID: SB17-EX4073  Date of Disbursement this Peri	/	Bill Shuster for Congress			
A Sheetz Inc    Mailing Address   5700 Sixth Avenue	_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4062
City Altoona PA 16602  Purpose of Disbursement Vehicle Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Sheetz Inc  Office Sought: House PA 16602  City Altoona PA 16602  Purpose of Disbursement For: 2006  Altoona PA 16602  Purpose of Disbursement For: 2006  Altoona PA 16602  Purpose of Disbursement For: 2006  X Primary General Other (specify) ▼  Transaction ID: SB17-EX4073 Date of Disbursement This Period  Amount of Each Disbursement this Period  Administrative/Salary/Ove-rhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement this Period  Administrative/Salary/Ove-rhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Transaction ID: SB17-EX4073 Date of Disbursement this Period  Amount of Each Disbursement this Period  Administrative/Salary/Ove-rhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Transaction ID: SB17-EX3914  District:  Full Name (Last, First, Middle Initial)  C. Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City Staples-291 Altoona  Administrative/Salary/Ove-rhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Return or Disposal of Excess Contributions R	Α.	Sheetz Inc			Date of Disbursement
Altiona PA 16602 Purpose of Disbursement Vehicle Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) B. Sheetz Inc City Altoona PA 16602  Purpose of Disbursement For: 2006 Administrative/Salary/Overhead Expenses Contributions Required Under 11 C.F.R. 400.53  Transaction ID: SB17-EX3914 Date of Disbursement this Period Administrative/Salary/Overhead Expenses Contributions Required Under 11 C.F.R. 400.53  Transaction ID: SB17-EX3914 Date of Disbursement Disbursement For: 2006 Administrative/Salary/Overhead Expenses Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required		Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \\ 2 & 2 \end{bmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \\ Y & 2 & 0 & 0 & 6 \end{bmatrix}$
Purpose of Disbursement Vehicle Expenses Candidate Name Office Sought:		,			Amount of Each Disbursement this Period
Vehicle Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City Altoona PA 16602  Purpose of Disbursement For: 2006 Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City Altoona PA 16602  Purpose of Disbursement Vehicle Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City Altoona PA 16602  Purpose of Disbursement Vehicle Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City Altoona PA 16602  Purpose of Disbursement For: 2006 Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Administrative/Salary/Ovenhead Expenses  Contributions Required Under 17.37  Refund or Disposal of Excess Contributions Required Under 17.37  Transaction ID: SB17-EX3914 Date of Disbursement  Office Sought: House Senate PA 16602  Purpose of Disbursement Office Sought: House Senate PA 16602  Purpose of Disbursement Office Sought: House Senate PA 16602  Purpose of Disbursement Office Senate President State: Disbursement For: 2006 Administrative/Salary/Ovenhead Expenses  Contributions Required Under 17.37  City A 10 0 5 0 5 0 5 0 6 0 5 0 6 0 6 0 6 0 6 0			TA 10002		22.50
Office Sought:		•		001	
Senate President State: District:    State		Candidate Name			
State: District:  Full Name (Last, First, Middle Initial)  Sheetz Inc  Mailing Address 5700 Sixth Avenue  City State Zip Code Altona PA 16602  Purpose of Disbursement Vehicle Expenses  Candidate Name  District:  Transaction ID: SB17-EX4073 Date of Disbursement this Period  Amount of Each Disbursement this Period  I Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  C. Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City Altoona  Purpose of Disbursement  Office Expenses  Candidate Name  Office Expenses  Candidate Name  Office Expenses  Candidate Name  Office Sought: House Senate President State: District:  District: Primary General Senate President President Senate President Senate President State: District:  District: Primary General Senate President President Senate President State: District: Primary General Senate President President State: District: Primary General Senate President State: District: Primary General State: President State: District: Primary General State: District: Primary General State: President State: District: Primary General State: President State: Presi					Administrative/Salary/Ove-
State: District:  Full Name (Last, First, Middle Initial)  B. Sheetz Inc  Mailing Address 5700 Sixth Avenue  City Altoona Purpose of Disbursement Vehicle Expenses Candidate Name  Disbursement President State: District:  Full Name (Last, First, Middle Initial)  C. Staples-291 Altoona  Purpose of Disbursement Vehicle Expenses Candidate Name  Disbursement For: 2006 X Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Staples-291 Altoona  Plank Road/Orchard Plaza  City Altoona Purpose of Disbursement Office Expenses Candidate Name  Cardidate Name  Disbursement Office Sought: House PA 16602  Purpose of Disbursement Office Expenses Candidate Name  Disbursement Office Sought: House Senate President Office Sought: Other (specify)  Office Sought: House Senate President Office Sought: Other (specify) Other (specify)  Other (specify)  Transaction ID: SB17-EX4073  Administrative/Salary/Ove-rhead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-rhead Expenses Contributions Required  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB17-EX4073  Date of Disbursement this Period  Amount of Each Disbursement this Period  Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required  Administrative/Salary/Ove-rhead Expenses					rhead Expenses
B. Sheetz Inc    Mailing Address   5700 Sixth Avenue			Ctrici (Specify)		
Mailing Address 5700 Sixth Avenue  City	_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX4073
City State Zip Code PA 16602  Purpose of Disbursement Vehicle Expenses Candidate Name  Disbursement For: 2006 Senate President District:  Transaction ID: SB17-EX3914 Date of Disbursement  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  C. Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City State Zip Code Altoona  PA 16602  Purpose of Disbursement For: 2006 Senate PA 16602  Transaction ID: SB17-EX3914 Date of Disbursement  Office Sought: Office Specify Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	В.	Sheetz Inc			Date of Disbursement
Altoona Purpose of Disbursement Vehicle Expenses Candidate Name    Disbursement For:		Mailing Address 5700 Sixth Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & O & G \end{smallmatrix} $
Purpose of Disbursement Vehicle Expenses Candidate Name    O01					Amount of Each Disbursement this Period
Vehicle Expenses         Candidate Name       001         Office Sought:       House         Senate       Nemarcy         President       Other (specify)         State:       District:     Transaction ID: SB17-EX3914  Date of Disbursement  Other (specify)  Administrative/Salary/Overhead Expenses  City Altoona  Parpose of Disbursement  Office Expenses  Candidate Name  Disbursement  Other (specify)  Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate President State: District:  Disbursement For: 2006  X Primary General Other (specify)  Type  Administrative/Salary/Overhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Refund or Disposal of Excess Contributions Re			PA 16602		17.37
Candidate Name    Category/ Type				001	
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) C. Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City State Zip Code Altoona  Purpose of Disbursement PA 16602  Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House Senate President State: District:  Senate President Other (specify) ▼  Administrative/Salary/Ove-rhead Expenses  Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-rhead Expenses  Administrative/Salary/Ove-rhead Expenses		Candidate Name			Contributions Required Under
State: District:  Full Name (Last, First, Middle Initial) Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City State Zip Code Altoona  Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB17-EX3914 Date of Disbursement  Off Disbursement Off Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)  Senate Primary General Other (specify)  State: District:					Administrative/Salary/Ove-
State: District:  Full Name (Last, First, Middle Initial) Staples-291 Altoona  Mailing Address Plank Road/Orchard Plaza  City State Zip Code Altoona Purpose of Disbursement Office Expenses Candidate Name  Office Sought: House Senate President State: District:  State: District:  Transaction ID: SB17-EX3914 Date of Disbursement  Office Spanate Senate Phank Road/Orchard Plaza  Transaction ID: SB17-EX3914 Date of Disbursement  Office Spanate Senate Phank Road/Orchard Plaza  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Administrative/Salary/Overhead Expenses			· —		rhead Expenses
City Altoona  Purpose of Disbursement  Office Expenses  Candidate Name  Disbursement For:  Senate President State:  District:  Date of Disbursement  Date of Disbursement  Office Sought:  Disbursement For:  Disbursement Fo			Curior (openity)		
City State Zip Code Altoona PA 16602  Purpose of Disbursement Office Expenses Candidate Name  Office Sought: House Senate President State: District:  Mailing Address Plank Road/Orchard Plaza  Office State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type  Amount of Each Disbursement this Period Category/ Type  Amount of Each Disbursement this Period Category/ Type  Administrative/Salary/Ove-rhead Expenses  Administrative/Salary/Ove-rhead Expenses	C.				
Altoona Purpose of Disbursement Office Expenses Candidate Name  Office Sought: House Senate President State: District:  PA 16602  556.33  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses		Mailing Address Plank Road/Orchard Plank	za		$\begin{bmatrix}\begin{smallmatrix}M\\01\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}D\\05\end{smallmatrix}  \begin{smallmatrix}D\\05\end{smallmatrix}  \begin{smallmatrix}Y\\2006\end{smallmatrix}$
Purpose of Disbursement Office Expenses Candidate Name  Office Sought: House Senate President State: District:  Disbursement For: 2006 X Primary General Other (specify) Type  Administrative/Salary/Overhead Expenses					Amount of Each Disbursement this Period
Office Expenses Candidate Name  Office Sought:  Office Sought:			177 10002		556.33
Office Sought: House Senate President State: District:  Disbursement For: 2006 X Primary General Other (specify)  Other (specify)   State: District: Type  11 C.F.R. 400.53  Administrative/Salary/Ove-rhead Expenses		Office Expenses		001	
Senate		Candidate Name		0 ,	
Senate					Administrative/Salary/Ove-
State: District:					rhead Expenses
SUBTOTAL of Disbursements This Page (optional).	_				
	S	UBTOTAL of Disbursements This Page (optional)			596.20

C/	CHEDIII E B (EEC Form 2 )			
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s	) FOR LINE (check only	NUMBER: PAGE 44 / 87 (one)
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l ` <u>-</u>	X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Staples-291 Altoona			Transaction ID: SB17-EX3926  Date of Disbursement
	Mailing Address Plank Road/Orchard Plaz	za		$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix} $
	•	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses		001	3.59  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	° 🗎 –	ment For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) Staples-291 Altoona			<b>Transaction ID:</b> SB17-EX3927 Date of Disbursement
	Mailing Address Plank Road/Orchard Plaz	a		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix} $
	,	State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses		001	2.67  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	• 🗎	ment For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:	Carior (opcony)		
C.	Full Name (Last, First, Middle Initial) NRCC			Transaction ID: SB17-EX4000 Date of Disbursement
	Mailing Address 320 First Street SE			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			15000.00
	Dues Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	° 🗎 –	ment For: 2006 Primary General Other (specify)	N. S.	Administrative/Salary/Ove- rhead Expenses
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .		<b>_</b>	15006.26

_		• `							
S	CHEDULE B (FEC Fo	rm 3 )	Use seperate schedule(s)				NUMBER:	PAGE	45 / 87
IT	EMIZED DISBURSEN	MENTS	for each	category of the (		check onl) C		100 🗀	19b
			Detailed :	Summary Page			X 17 18 20a 20b	19a	21
	y Information copied from such Rofor commercial purposes, other th								ibutions
$\setminus$	NAME OF COMMITTEE (In Ful	)							
/	Bill Shuster for Congress								
<u></u>	Full Name (Last, First, Middle Ini	tial)							
A.	Polly Anna Gindlesperger	uai)					Transaction ID: SB Date of Disbursemer	nt	
	Mailing Address PO Box W	I					0 3 1 6	2	006
	City Chambersburg		State PA	Zip Code 17201			Amount of Each Disk	oursemen	t this Period
	Purpose of Disbursement Fundraising					003	Refund or Dispos	al of Evo	107.25
	Candidate Name				Cat	egory/ ype	Contributions Rec 11 C.F.R. 400.53	quired Un	
	Office Sought: House Senate President	X	ment For: Primary Other (spe	2006 General			Solitication and Fuing Expenses	ındrais-	
	State: District:			•					
	Full Name (Last, First, Middle Ini	tial)					Transaction ID: SB	17-EX39	900
В.	The Dream Restaurant						Date of Disbursemer	ıt	
	Mailing Address 1500 Alleg	gheny Street					01 13	/ Y Y	006
	City		State	Zip Code			Amount of Each Disk	oursemen	t this Period
	Hollidaysburg		PA	16648					25.00
	Purpose of Disbursement Meals					002	Refund or Dispos	ol of Evo	
	Candidate Name				Cat	egory/ ype	Contributions Rec 11 C.F.R. 400.53	quired Un	
	Office Sought: House Senate	X	ment For: Primary	2006 General			Travel Expenses		
	State: President		Other (spe	ecity)					
	State: District: Full Name (Last, First, Middle Ini	tial)							
C.		liai)					Transaction ID: SB Date of Disbursemer	-	068
	Mailing Address 1500 Alleg	gheny Street					03	/ Y Y 2	006
	City Hollidaysburg		State PA	Zip Code 16648			Amount of Each Disk	oursemen	t this Period
	Purpose of Disbursement Meals					002	Refund or Dispos	al of Exc	25.33 ess
	Candidate Name				Cat	egory/ ype	Contributions Rec	quired Un	
	Office Sought: House		ment For:	2006			Travel Expenses		
	Senate		Primary	General			. ravo. Expondos		
	State: President District:		Other (spe	ecify)					
	State. DISTIBL.								
٦	IIRTOTAL of Dishursements Thi	e Page (optional)							157.58

C/	CHEDIII E B (EEC Form 2 )				
	CHEDULE B (FEC Form 3 )		rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 46 / 87
11	EMIZED DISBURSEMENTS		category of the Summary Page	_ i `	X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) Capitol Hill Club				Transaction ID: SB17-EX3911 Date of Disbursement
	Mailing Address 300 First Street SE				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising			003	445.50  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: C Primary Other (spec	2006 General		Solitication and Fundraising Expenses
	State: District:				
В.	Full Name (Last, First, Middle Initial) Capitol Hill Club				Transaction ID: SB17-EX4019 Date of Disbursement
	Mailing Address 300 First Street SE				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals			002	164.20 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: C Primary Other (spec	2006 General cify) ▼		Travel Expenses
	State: District:				
C.	Full Name (Last, First, Middle Initial) Hilton Harrisburg and Towers				Transaction ID: SB17-EX4032 Date of Disbursement
	Mailing Address One North Second Stre	et			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & G \\ Y & Z & O & O & G \end{bmatrix} $
	City Harrisburg	State PA	Zip Code 17101		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging			002	127.92  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		sement For:  C Primary  Other (spec	2006 General		Travel Expenses
	State: District:	(- I-, -	· · •		
s	UBTOTAL of Disbursements This Page (optional	)		<b>)</b>	737.62

	DULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 47 / 87
	ZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	mation copied from such Reports and Statem nmercial purposes, other than using the name			
\	OF COMMITTEE (In Full) Shuster for Congress			
•	lame (Last, First, Middle Initial)			Transaction ID: SB17-EX4035
	n Harrisburg and Towers  g Address One North Second Street			Date of Disbursement  O 2
	g / tal-ess Offe North Second Street			
	sburg	State Zip Code PA 17101		Amount of Each Disbursement this Period
Lodgir	ose of Disbursement ng idate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under
Office State:	Senate X President	ment For: 2006 Primary General Other (specify)	Туре	11 C.F.R. 400.53  Travel Expenses
_	lame (Last, First, Middle Initial) n Harrisburg and Towers	Transaction ID: SB17-EX4038 Date of Disbursement		
Mailin	g Address One North Second Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix}$
City Harri		State Zip Code PA 17101		Amount of Each Disbursement this Period
Lodgir	ose of Disbursement ng idate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office State:	Senate X President	ment For: 2006 Primary General Other (specify)	71-1	Travel Expenses
	lame (Last, First, Middle Initial) Capital Grille			Transaction ID: SB17-EX4063 Date of Disbursement
Mailin	g Address 601 Pennsylvania Avenue	03		
City <b>W</b> asł		State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpo Meals	ose of Disbursement	002	55.00  Refund or Disposal of Excess	
Candi	idate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office State:	Senate X President	ment For: 2006 Primary General Other (specify)		Travel Expenses
SUBTO	TAL of Disbursements This Page (optional) .			270.82
	This Period (last page this line number only)			

S	CHEDULE B (I	FFC Form 3	)		LODING	NUMBER: DAGE 40 / 07
	-		Use sep	erate schedule(s)	(check only	NUMBER: PAGE 48 / 87 y one)
Ш	EMIZED DISB	URSEMENI	S for each Detailed	category of the Summary Page	I `	X 17 18 19a 19b 20a 20b 20c 21
						for the purpose of solicating contributions licit contributions from such committee
Ü	NAME OF COMMITT		, the hame and addre			more contribution of from cach committee
$ \rangle$	Bill Shuster for Co	, ,				
	Full Name (Last, First	t, Middle Initial)				Transaction ID: SB17-EX4075
Α.	The Capital Grille					Date of Disbursement
	Mailing Address (	601 Pennsylvani	a Avenue, NW			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & Q & Q & G \end{bmatrix}$
	City Washington		State DC	Zip Code 20004		Amount of Each Disbursement this Period
	Purpose of Disbursen Fundraising	ment			003	1200.00  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House Senate President	Disbursement For:  X Primary Other (spe	2006 General ecify)		Solitication and Fundraising Expenses
	State: Dis	strict:		<i>37</i> , <b>4</b>		
В.	Full Name (Last, First IS2 Technologies,					Transaction ID: SB17-EX4008 Date of Disbursement
	Mailing Address	3018 Pleasant V	alley Blvd			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}D\\O3\end{smallmatrix}\end{bmatrix}^M  \begin{smallmatrix}Y\\2006\end{smallmatrix}^Y$
	City Altoona		State PA	Zip Code 16602		Amount of Each Disbursement this Period
	Purpose of Disbursen Office Expenses	nent			001	231.08  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House Senate President	Disbursement For:  X Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses
	State: Dis	strict:	Other (spi	SCIIY) ♥		
C.	Full Name (Last, First Delta Air Lines					Transaction ID: SB17-EX3931 Date of Disbursement
	Mailing Address	1030 Delta Boule	evard			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & G \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	City Atlanta		State GA	Zip Code 30320		Amount of Each Disbursement this Period
	Purpose of Disbursen Airplane	nent			002	276.90  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Country	House	Disbursement For:	2006		Travel Expenses
	Office Sought:	Senate President	X Primary Other (spe	General ecify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....

g				
	CHEDULE B (FEC Form 3)	Use seperate schedule(s	) FOR LINE (check only	NUMBER: PAGE 49 / 87 y one)
"	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			or the purpose of solicating contributions
or	for commercial purposes, other than using the name	e and address of any politica	l committee to so	licit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Delta Air Lines			Transaction ID: SB17-EX3932 Date of Disbursement
	Mailing Address 1030 Delta Boulevard			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & \check{Q} & \check{Q} & \check{G} \\ \check{Y} & \check{Z} & 0 & \check{Q} & 6 \end{bmatrix}$
		State Zip Code GA 30320		Amount of Each Disbursement this Period
	Purpose of Disbursement		000	139.20
	Airplane Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)		Travel Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) Amtrak			Transaction ID: SB17-EX3934
				Date of Disbursement  O 1
	Mailing Address Market Street			01 05 2006
		State Zip Code PA 19019		Amount of Each Disbursement this Period
	Purpose of Disbursement	FA 19019		336.00
	Train Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	· —	ment For: 2006 Primary General Other (specify)		Travel Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) Capital Hill Suites			Transaction ID: SB17-EX3915 Date of Disbursement
	Mailing Address 200 C Street, SE			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} & \begin{smallmatrix} D & D \\ 0 & 5 & D \end{smallmatrix} & \begin{smallmatrix} Y & \check{2} & 0 & \check{0} & 6 \\ \end{smallmatrix} \\ \begin{smallmatrix} Y & \check{2} & 0 & \check{0} & 6 \\ \end{smallmatrix} \\ \begin{smallmatrix} Y & 2 & 0 & 0 & 6 \\ \end{smallmatrix} \\ \begin{smallmatrix} Y & 2 & 0 & 0 & 6 \\ \end{smallmatrix} \\ \begin{smallmatrix} Y & 2 & 0 & 0 & 6 \\ \end{smallmatrix} \\ \end{smallmatrix}$
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		002	190.07  Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate X	ment For: 2006 Primary General		Travel Expenses
	President State: District:	Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	665.27

	HEDULE E	3 (FEC Form 3	\			
	MIZED DIS	BURSEMENT	for ea	seperate schedule(s ach category of the iled Summary Page	) FOR LINE (check on	NUMBER:   PAGE 50 / 87
						for the purpose of solicating contributions olicit contributions from such committee
1 \	AME OF COMN ill Shuster for	, ,				
<b>A.</b> C	ull Name (Last, Fapital Hill Suit	First, Middle Initial) tes 200 C Street, SE	<u> </u>			Transaction ID: SB17-EX3922 Date of Disbursement  O 1
Ci	ity Vashington urpose of Disbui		State DC	Zip Code 20003	T	Amount of Each Disbursement this Period
Lo	odging andidate Name	Serient			002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	office Sought:	House Senate President District:	Disbursement Fox X Primar Other			Travel Expenses
<b>B.</b> C	ull Name (Last, F Capital Hill Sui	First, Middle Initial) tes				Transaction ID: SB17-EX3929 Date of Disbursement  0 1 0 5 2 0 0 6
Ci	lailing Address ity	200 C Street, SE	State	Zip Code		0 1 0 5 2 0 0 6  Amount of Each Disbursement this Period
Pı Lo	Vashington urpose of Disbui odging andidate Name	rsement	DC	20003	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	office Sought:	House Senate President District:	Disbursement Fo X Primar Other			Travel Expenses
Fu	tate: ull Name (Last, F ohn Kurtz	First, Middle Initial)				Transaction ID: SB17-EX3899 Date of Disbursement
M	lailing Address	303 Laurel Stree	t			01 13 / 2006
В	ity ellwood urpose of Disbui	rsement	State PA	Zip Code 16617		Amount of Each Disbursement this Period 90.00
Ca	ampaign Worker andidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	office Sought:	House Senate President	Disbursement Fox X Primar Other			Administrative/Salary/Ove- rhead Expenses
St	tate:	District:				

SUBTOTAL of Disbursements This Page (optional) .....

C				
	CHEDULE B (FEC Form 3)	Use seperate schedule(s	) FOR LINE (check onl	NUMBER: PAGE 51 / 87
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_   ` _	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
$\setminus$	NAME OF COMMITTEE (In Full)			
V	Bill Shuster for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB17-EX3903
Α.	John Kurtz			Date of Disbursement
	Mailing Address 303 Laurel Street			$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix}  \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix}  \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix}  \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix}  \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
	City Bellwood	State Zip Code PA 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement			90.00
	Campaign Workers' Salaries Candidate Name		001	Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburs	sement For: 2006	••	Administrative/Salary/Ove-
		X Primary General		rhead Expenses
	President State: District:	Other (specify)		
_	Full Name (Last, First, Middle Initial)			T
В.	John Kurtz			Transaction ID: SB17-EX3906  Date of Disbursement
	Mailing Address 303 Laurel Street	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State Zip Code		Amount of Each Disbursement this Period
	Bellwood Purpose of Disbursement	PA 16617		12.71
	Meals		002	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: 2006 X Primary General	•	Travel Expenses
	Senate President	X Primary General Other (specify) ▼		·
	State: District:	Carior (opeony) •		
C.	Full Name (Last, First, Middle Initial) John Kurtz			Transaction ID: SB17-EX3950 Date of Disbursement
	Mailing Address 303 Laurel Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Bellwood	State Zip Code PA 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement			100.00
	Campaign Workers' Salaries		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	, H	sement For: 2006 X Primary General		Administrative/Salary/Ove- rhead Expenses
	President	Other (specify) ▼		oud Exposition
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional	)		202.71

S	CHEDULE B (FEC Form 3)			FORLINE	NUMBER: DAGE 50 / 07					
	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(check only	E NUMBER: PAGE 52 / 87 nly one)					
11	EMIZED DISBURSEMEN I S		Summary Page		X 17 18 19a 19b 20a 20b 20c 21					
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	Bill Shuster for Congress									
۸.	Full Name (Last, First, Middle Initial) John Kurtz				Transaction ID: SB17-EX3963					
	JOHN KUITZ				Date of Disbursement					
	Mailing Address 303 Laurel Street				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$					
	City Bellwood	State PA	Zip Code 16617		Amount of Each Disbursement this Period					
	Purpose of Disbursement		10017		100.00					
	Campaign Workers' Salaries			001	Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Senate X President	ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses					
	State: District:									
3.	Full Name (Last, First, Middle Initial) John Kurtz				Transaction ID: SB17-EX3969 Date of Disbursement					
	Mailing Address 303 Laurel Street		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & Q & G \\ Y & Z & D & Q & G \end{bmatrix} $							
	City Bellwood	State PA	Zip Code 16617		Amount of Each Disbursement this Period					
	Purpose of Disbursement Campaign Workers' Salaries		001	100.00  Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Senate X President	ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses					
	State: District:									
Э.	Full Name (Last, First, Middle Initial) John Kurtz				Transaction ID: SB17-EX3971 Date of Disbursement					
	Mailing Address 303 Laurel Street		02  10  2  4  2006							
	City Bellwood	State PA	Zip Code 16617		Amount of Each Disbursement this Period					
	Purpose of Disbursement	48.69								
	Office Expenses Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under							
				Type	11 C.F.R. 400.53					
	Senate X President	ement For: Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses					
	State: District:									
s	SUBTOTAL of Disbursements This Page (optional)									

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 53 / 87 y one)  X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			or the purpose of solicating contributions
	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) John Kurtz			Transaction ID: SB17-EX3981 Date of Disbursement
	Mailing Address 303 Laurel Street			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 1 & 7 & N & 2 & 0 & 0 & 6 \\ \end{smallmatrix}$
	•	State Zip Code PA 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Workers' Salaries		001	100.00
	Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
В.	Full Name (Last, First, Middle Initial) John Kurtz			Transaction ID: SB17-EX3984  Date of Disbursement
	Mailing Address 303 Laurel Street		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & D & G \end{smallmatrix} \end{bmatrix} $	
	•	State Zip Code PA 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Workers' Salaries	001	100.00  Refund or Disposal of Excess	
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate X President	ment For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses
	State: District:			
C.	Full Name (Last, First, Middle Initial) John Kurtz			Transaction ID: SB17-EX3989 Date of Disbursement
	Mailing Address 303 Laurel Street			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & G & Y \\ Y & 2 & 0 & G & G & Y \end{bmatrix}$
		State Zip Code PA 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals		002	20.45  Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	· → I —	ment For: 2006 Primary General Other (specify)		Travel Expenses
_	State: District:	, , , , , , , , , , , , , , , , , , ,		
s	UBTOTAL of Disbursements This Page (optional) .			220.45

_						
S	CHEDULE B (FEC Form 3	)	Use sepe	erate schedule(s)	_	R LINE NUMBER: PAGE 54 / 87
IT	<b>EMIZED DISBURSEMENT</b>	'S	for each o	category of the (	(cnec	ck only one)
			Detailed S	Summary Page		X 17 18 19a 19b 20a 20b 20c 21
						erson for the purpose of solicating contributions e to solicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)					
//	Bill Shuster for Congress					
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX3990
A.	John Kurtz					Date of Disbursement
	Mailing Address 303 Laurel Stree	t				02
	City		ate	Zip Code		Amount of Each Disbursement this Period
	Bellwood Purpose of Disbursement	P.	Α	16617		234.85
	Vehicle Expenses				001	Refund or Disposal of Excess
	Candidate Name				Category Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburseme	ent For: Primary	2006 General		Administrative/Salary/Ove-
	President		Other (spe			rhead Expenses
	State: District:					
ь	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX3991
В.	John Kurtz					Date of Disbursement
	Mailing Address 303 Laurel Stree	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City		ate	Zip Code 16617		Amount of Each Disbursement this Period
	Bellwood Purpose of Disbursement	P		8.08		
	Office Expenses		001	Refund or Disposal of Excess		
	Candidate Name				Category Type	
	Office Sought: House	Disburseme		2006		Admin <u>is</u> trative/Salary/Ove-
	Senate   President		Primary Other (spe	General		rhead Expenses
	State: District:		otrici (spc	City) $\blacktriangledown$		
	Full Name (Last, First, Middle Initial)					Transaction ID: SB17-EX4006
C.	John Kurtz					Date of Disbursement
	Mailing Address 303 Laurel Stree	03				
	City Bellwood	Sta P.	ate A	Zip Code 16617		Amount of Each Disbursement this Period
	Purpose of Disbursement					100.00
	Campaign Workers' Salaries				001	Refund or Disposal of Excess
	Candidate Name				Category Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursem		2006		Administrative/Salary/Ove-
	Senate		Primary	General		rhead Expenses
	President State: District:		Other (spe	city)		
_	State: District:					
١	IIRTOTAL of Dishursements This Page	(ontional)				342.93

nag	e# 26960038039														
		B (FEC Form 3	-	Use seperate schedule(s)			FOR LINE I	E NUMBER: PAGE 55 / 87						37	
11	EMIZED DIS	SBURSEMENT	ıs		category of the Summary Page		<u> </u>	¬ ′		18 20b	F	19a		19b 21	
		ed from such Reports a													3
	NAME OF COM	<u> </u>	3		<b>, ,</b>						_				
$ \rangle$	Bill Shuster for	, ,													
_	Full Name (Last,	First, Middle Initial)						Trans	eact	ion IC	۰. ۷	R17	ΕΥΛί	111	
A.	John Kurtz									Transaction ID: SB17-EX4011 Date of Disbursement					
	Mailing Address 303 Laurel Street									Ĺ	1 0	֓֞֓֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	0 0 6	
	City State Zip Code Bellwood PA 16617									f Eac	h D	isburs	semer	nt this F	eriod
	Purpose of Disbursement													100.0	00
	Campaign Worke						001					osal o			
	Candidate Name						tegory/ Type			E.R. 4		Requir .53	ed Ur	nder	
	Office Sought:	House Senate President		ment For: Primary Other (spe	2006 General	•		Admi rhead	nist d Ex	rative pens	e/S ses	Salary	/Ove	) <b>-</b>	
	State:	District:			•										
В.	Full Name (Last, John Kurtz	First, Middle Initial)						Date	of D	isburs	sem			-	
	Mailing Address 303 Laurel Street								М	/ D	16	<b>S</b> '	Ý	0 ŏ 6	Y
	City Bellwood			Amou	unt o	f Eac	h D	isburs	semer	nt this F	-				
	Purpose of Disbu						004							446.6	00
	Vehicle Expenses Candidate Name					Ca	001 Itegory/ Type		ontri		ns F	oosal o Requir .53			
	Office Sought:	House Senate		ment For: Primary	2006 General			Admi rhead	nist d Ex	rative pens	e/S ses	Salary	/Ove	<b>!-</b>	
	State:	President District:		Other (spe	ecity) 🔻										
_		First, Middle Initial)						Tron	2001	ion IF	٠. c	B17-	EVA	142	
C.	John Kurtz							Date	of D	isburs	sem	nent			V
	Mailing Address 303 Laurel Street								М	, L	16	<b>S</b> '	2	0 0 6	
	City Bellwood									f Eacl	h D	isburs	semer	nt this F	eriod
	Purpose of Disbursement									_		-		53.9	5
	Office Expenses 001											osal o			
	Candidate Name	Туре									Contributions Required Under 11 C.F.R. 400.53				
	Office Sought:	House Senate President		ment For: Primary Other (spe	2006 General			Admi rhead	nist d Ex	rative pens	e/S ses	Salary	/Ove	<b>;-</b>	
	State:	District:		2 ( <b>5</b> pc	J/ <b>∀</b>										

600.55

SUBTOTAL of Disbursements This Page (optional) .....

S	CHEDULE B (FEC Form 3)		FOR LINE NUMBER:				PAGE 56 / 87			
	EMIZED DISBURSEMENTS	Use seperate schedul for each category of the	for each category of the				y one)			
		Detailed Summary Pa	ıge		X 17 20a	18 20	b	19: 20:		19b 21
	y Information copied from such Reports and State for commercial purposes, other than using the na									
Λ	NAME OF COMMITTEE (In Full)									
$\mathbb{Z}$	Bill Shuster for Congress									
^	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX3917					
Α.	US Hotel Restaurant				Date of Disbursement					
	Mailing Address 401 South Juniata Stre	0 1 M / D D / Y Y Y O O 6 Y								
	City Hollidaysburg			Amour	nt of Ea	ch	Disbur	seme	nt this Period	
	Purpose of Disbursement			-	37.74				-	
	Meals Condidate Name		-	002		fund or ntributi				
	Candidate Name			ategory/ Type		C.F.R.			eu oi	iluci
		sement For: 2006  X Primary Gene Other (specify)	eral	,, ,,	Travel	Expe	nse	es		
	State: District:									
В.	Full Name (Last, First, Middle Initial) Courtyard By Marriott					<b>action</b> of Disbu		-	EX3	946
	Mailing Address 2 Convention Center Blvd						2	0 /	Y	2006
	City Altoona	State Zip Code PA 16602			Amour	nt of Ea	ch	Disbur	semei	nt this Period
	Purpose of Disbursement Lodging		002				279.41			
	Candidate Name	C	ategory/ Type	L Co	ntributi C.F.R.	ons	Requi			
	Senate	sement For: 2006 X Primary Gene	eral		Travel	Expe	nse	es		
	President State: District:	Other (specify)								
	State: District: Full Name (Last, First, Middle Initial)									
C.	Trail Blazer Campaign Services, Inc.				Date o	action of Disbu	ırse	ment		
	Mailing Address 5115 Excelsior Blvd Su	ite 103			01	M /	<sup>□</sup> 3	0 /	Y 2	ž 0 0 6 °
	City Minneapolis	State Zip Code MN 55416			Amour	nt of Ea	ch	Disbur	seme	nt this Period
	Purpose of Disbursement							2000.00		
	Office Expenses Candidate Name	C	001 ategory/ Type	Co	fund or ntributi C.F.R.	ons	Requi			
		sement For: 2006 X Primary Gene Other (specify)	eral	. 100	Admin rhead	istrati Exper	ve/ ise	Salary s	/Ove	9-
	State: District:	Strict (opcoiny) \								
s	UBTOTAL of Disbursements This Page (optional	l)		<u>►</u>			_		2	2317.15

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	FOR LINE (check only	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
۹.	Full Name (Last, First, Middle Initial) The Congressional Institute			Transaction ID: SB17-EX3958 Date of Disbursement
	Mailing Address 316 Pennsylvania Avenue Suite 403	∍ SE		$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & 0 & 0 \\ 2 & 0 & 0 & 6 \end{bmatrix}^{Y} $
	Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)	71	Travel Expenses
В.	Full Name (Last, First, Middle Initial) Main Street Deli and Catering			Transaction ID: SB17-EX3980 Date of Disbursement    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Mailing Address 177 South Main Street			02
	,	State Zip Code PA 17201		Amount of Each Disbursement this Period
	Purpose of Disbursement Meals Candidate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)	Туре	Travel Expenses
Э.	Full Name (Last, First, Middle Initial) Blair Co Convention Center			Transaction ID: SB17-EX3987 Date of Disbursement
	Mailing Address One Convention Center D	)rive		$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 4 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
		State Zip Code PA 16602		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expenses Candidate Name		001	572.00  Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	ÿ 📄	ment For: 2006 Primary General Other (specify)		Administrative/Salary/Ove- rhead Expenses
_	·			1229.00

Tremized Disbursements    Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicic contributions from such committees.    Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committees.	·					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Bill Shuster for Congress  Full Name (Last, First, Middle Initial)  A. Schneiders Of Capitol Hill  Mailing Address 300 Massachusetts Avenue NE  City Washington  OC 20002  Purpose of Disbursement Meals  Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this P.  Other (specify) ▼  Transaction ID: SB17-EX4036 Date of Disbursement this P.  Transaction ID: SB17-EX4036 Date of Disbursement this P.  Travel Expenses  Transaction ID: SB17-EX3908 Date of Disbursement  Office Sought: House Disbursement For: 2006 Aftiona Purpose of Disbursement Office Sought: House Disbursement For: 2006 Senate President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB17-EX3908 Date of Disbursement this P.  426.6  Amount of Each Disbursement this P.  426.6  Category' Type  Office Sought: House Disbursement For: 2006 Senate President Dispursement For: 2006 American Expenses  Transaction ID: SB17-EX3940 Date of Disbursement  Other (specify) ▼  Transaction ID: SB17-EX3940 Date of Disbursement  Other (specify) ▼  Transaction ID: SB17-EX3940 Date of Disbursement  Other (specify) ▼  Transaction ID: SB17-EX3940 Date of Disbursement  Other (specify) ▼  Transaction ID: SB17-EX3940 Date of Disbursement this P.  Transaction ID: SB17-EX3940 Date of Disbursement  Office Sought: House Disbursement For: 2006 Amount of Each Disbursement this P.  Transaction ID: SB17-EX3940 Date of Disbursement  Office Sought: House Disbursement For: 2006 Amount of Each Disbursement this P.  Transac		•	s for ea	ch category of the	(check only	y one) X 17
A. Schneiders Of Capitol Hill  Mailing Address 300 Massachusetts Avenue NE  City Washington DC 20002  Purpose of Disbursement Meals  Candidate Name  Oiffice Sought: House Disbursement Office Expenses  Candidate Name  City Altoona PA 16602  Purpose of Disbursement Office Sought: House Disbursement Por: 2006  City Altoona PA 16602  Purpose of Disbursement Office Sought: House Disbursement Por: 2006  City Altoona PA 16602  City Altoona PA 16602  City Altoona PA 16602  City Senate President Senate Office Sought: House Disbursement For: 2006  City Altoona PA 16602  City Senate President Office Sought: House Disbursement Por: 2006  City Altoona PA 16602  City Senate President Office Sought: House Disbursement Por: 2006  Caregory/ Type  Transaction ID: SB17-EX3908  Date of Disbursement Disbursement Por: 2006  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Mailing Address PO Box 360002  City State: District: Other (specify) ▼  Transaction ID: SB17-EX3908  Date of Disbursement Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Mailing Address PO Box 360002  City State Zip Code FL 33335  Purpose of Disbursement Box Senate President State: District: Other (specify) ▼  Transaction ID: SB17-EX3908  Date of Disbursement Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses  Amount of Each Disbursement Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-head Expenses  Office Sought: House Disbursement For: 2006  Administrative/Salary/Ove-head Expenses						for the purpose of solicating contributions
A. Schneiders Of Capitol Hill  Mailing Address 300 Massachusetts Avenue NE  City Washington DC 20002 Purpose of Disbursement Meals Candidate Name  Office Sought: House Senate President State: District:  B. Ul Name (Last, First, Middle Initial) City State Zip Code Senate President State: Disbursement For: 2006 City Altoona PA 16602 Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House State Zip Code Altoona PA 16602  Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House Senate President Office Expenses  Candidate Name  Office Sought: House State Zip Code Altoona PA 16602  Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House Disbursement For: 2006 Senate President Office Sought: House Senate President President Office Sought: District:  Full Name (Last, First, Middle Initial)  American Express  Mailing Address PO Box 360002  City State Zip Code Proful Address PO Box 360002  City State Zip Code Senate President Office Sought: House Disbursement For: 2006  City State Zip Code FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  City State Zip Code FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  City State Zip Code FL 33335  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement Inis Putper Initial Putper Init	$\rangle$	• • •				
City Washington Disbursement Meals Candidate Name  City Altoona Purpose of Disbursement Malling Address Candidate Name  City Altoona Purpose of Disbursement Meals  Category/ Type  Disbursement For: 2006 X Primary General President City Altoona PA 16602 Purpose of Disbursement Office Sought: House Category/ Type  Transaction ID: SB17-EX3908 Date of Disbursement this Primary General Office Expenses  Candidate Name  City Altoona PA 16602 Purpose of Disbursement Office Sought: House Senate President State: District:  Transaction ID: SB17-EX3908 Date of Disbursement this Primary General Office Expenses Candidate Name  City Primary General Other (specify) ▼  Transaction ID: SB17-EX3908  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Travel Expenses  Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Expenses Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Oventead Under 11 C.F.R. 400.53  Administrative/Salary/	Α.	Schneiders Of Capitol Hill	otto Avenue NE			Date of Disbursement
Candidate Name  Category' Type  Office Sought: House Senate President State: District:  Bell Name (Last, First, Middle Initial)  City Altoona PA 16602  Purpose of Disbursement Office Expenses  Candidate Name  Office Sought: House Disbursement For: 2006  Category' Type  Travel Expenses  Travel		City Washington	State			Amount of Each Disbursement this Period
Senate President State: District:    Full Name (Last, First, Middle Initial)		Candidate Name			Category/	Contributions Required Under
Full Name (Last, First, Middle Initial)  O.K. Stuckey And Son  Mailing Address 1800 Eighth Avenue  City State Zip Code Altoona PA 16602  Purpose of Disbursement  Office Expenses  Candidate Name  Disbursement For: 2006  Senate President State: District:  Full Name (Last, First, Middle Initial)  C. American Express  Mailing Address PO Box 360002  Transaction ID: SB17-EX3908  Date of Disbursement this Potential State Senate President Other (specify) Type  Transaction ID: SB17-EX3908  Date of Disbursement this Potential State Senate President Other (specify) Type  Transaction ID: SB17-EX3908  Administrative/Salary/Overhead Expenses  Transaction ID: SB17-EX3908  Date of Disbursement this Potential State Senate President State: District:  Transaction ID: SB17-EX3908  Administrative/Salary/Overhead Expenses  Transaction ID: SB17-EX3908  Administrative/Salary/Overhead Expenses  Transaction ID: SB17-EX3908  Date of Disbursement ID: SB17-EX3940  Date of Disbursement This Potential State Senate Purpose of Disbursement Salary Sala		Senate President	X Primary	y General		Travel Expenses
City Altoona PA 16602  Purpose of Disbursement Office Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) C. American Express  Mailing Address PO Box 360002  City State Zip Code Amount of Each Disbursement this Poly Port Lauderdale FL 33335  Purpose of Disbursement Bor: 2006  City State Zip Code Fort Lauderdale FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  Category/ Type  Amount of Each Disbursement this Poly PA 16602  Administrative/Salary/Ove-Inches PA 26.6  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-Inches PA 26.6  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement this Poly Part Lauderdale Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  Administrative/Salary/Ove-Inches PA 2006  Administrative/Salary/Ove-Inches PA 2006	В.	Full Name (Last, First, Middle Initial)				Date of Disbursement
Altoona PA 16602 Purpose of Disbursement Office Expenses Candidate Name  Office Sought:    House						
Office Expenses Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) C. American Express  Mailing Address PO Box 360002  City State Zip Code Fort Lauderdale FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  State Zip Code FL 333335  Purpose of Disbursement Bank Service Charge Candidate Name  Disbursement For: 2006  X Primary General Other (specify) ▼  Transaction ID: SB17-EX3940  Date of Disbursement  M 1		Altoona				Amount of Each Disbursement this Period
Senate President State: District:  C. Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 360002  City State Zip Code Fort Lauderdale FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  American Express  Administrative/Salary/Overhead Expenses		Office Expenses			Category/	Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 360002  City State Zip Code Fort Lauderdale FL 33335  Purpose of Disbursement  Bank Service Charge Candidate Name  Office Sought: House Disbursement For: 2006  Full Name (Last, First, Middle Initial)  Transaction ID: SB17-EX3940  Date of Disbursement  Amount of Each Disbursement this Positive Salary/Ove-  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-		Senate President	X Primary	y General		Administrative/Salary/Ove- rhead Expenses
City State Zip Code Fort Lauderdale FL 33335  Purpose of Disbursement Bank Service Charge Candidate Name Category/ Type Disbursement For: 2006  Office Sought: House Disbursement For: 2006  Office Sought: Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code Amount of Each Disbursement this Post State Zip Code State Z	С.	Full Name (Last, First, Middle Initial)				Date of Disbursement
Fort Lauderdale  Purpose of Disbursement  Bank Service Charge  Candidate Name  Office Sought:  Disbursement For:  Disbursement For:  2006  Administrative/Salary/Ove-		Mailing Address PO Box 360002				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix}$
Bank Service Charge Candidate Name  Office Sought:  Disbursement For:  Disbursement For:  2006  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove-		Fort Lauderdale			1	Amount of Each Disbursement this Period
Administrative/Salary/Ove-		Bank Service Charge Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under
President Other (specify) ▼		Senate President	X Primary	y General		Administrative/Salary/Ove- rhead Expenses
State: District:		State: DISTRICT:				

SUBTOTAL of Disbursements This Page (optional) .....

_								
S	CHEDULE B (FEC Form 3	)	Use sepe	erate schedule(s)	FOR LINE (check onli	NUMBER:	PAGE 59 / 87	
IT	EMIZED DISBURSEMENT	ΓS		category of the Summary Page	I ` _	<u> </u>	19a 🗍 19b	
			Detailed	Summary rage			20c 21	
	y Information copied from such Reports a for commercial purposes, other than usin							
Ν	NAME OF COMMITTEE (In Full)							
/	Bill Shuster for Congress							
<u></u>	Full Name (Last, First, Middle Initial)					Transaction ID: SB		
Α.	American Express					Date of Disbursemen	t	
	Mailing Address PO Box 360002		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Fort Lauderdale		State =L	Zip Code 33335		Amount of Each Disb	ursement this Period	
	Purpose of Disbursement Bank Service Charge				001	Refund or Dispos	126.79	
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53		
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General		Administrative/Salarhead Expenses	ary/Ove-	
	State: District:							
D	Full Name (Last, First, Middle Initial)					Transaction ID: SB	7-EX3942	
В.	American Express					Date of Disbursemen		
	Mailing Address PO Box 360002		01 20	Ž 0 0 6 Š				
	City		State =L	Zip Code 33335		Amount of Each Disb	oursement this Period	
	Fort Lauderdale  Purpose of Disbursement				75.00			
	Bank Service Charge		001	Refund or Dispos				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate	Disburser	nent For: Primary	2006 General		Administrative/Salarhead Expenses	ary/Ove-	
	President		Other (spe	cify)		meau Expenses		
	State: District:							
C.	Full Name (Last, First, Middle Initial) American Express					Transaction ID: SB <sup>-</sup> Date of Disbursemen		
	Mailing Address PO Box 360002					0 2 1 7	2006	
	City Fort Lauderdale		State =L	Zip Code 33335		Amount of Each Disb	ursement this Period	
	Purpose of Disbursement				•		4.50	
	Bank Service Charge				001	Refund or Dispos Contributions Red		
	Candidate Name				Category/ Type	11 C.F.R. 400.53		
	Office Sought: House	Disburser		2006		Administrative/Sala	arv/Ove-	
	Senate		Primary	General		rhead Expenses	11 y/ O v G-	
	State: President District:		Other (spe	city)				
_	State: District:							
١	IIRTOTAL of Dishursements This Page	(ontional)					206.29	

S	CHEDULE B (FEC Form 3	\		FOR LINE	NUMBER						
	•	, l n		erate schedule(s)		(check only	INE NUMBER: PAGE 60 / 87 only one)				
	EMIZED DISBURSEMENT	S to		category of the Summary Page			X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports a for commercial purposes, other than using										
Λ	NAME OF COMMITTEE (In Full)										
/	Bill Shuster for Congress										
Α.	Full Name (Last, First, Middle Initial)						Transaction ID: SB17-EX4074				
Λ.	American Express						Date of Disbursement				
	Mailing Address PO Box 360002		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ V \\ V \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ V \\ V \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ V \\ V \\ V \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} V \\ V$								
	City Fort Lauderdale	State FL	е	Zip Code 33335			Amount of Each Disbursement this Period				
	Purpose of Disbursement						10.00				
	Bank Service Charge					001	Refund or Disposal of Excess				
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House	Disbursemen		2006			Administrative/Salary/Ove-				
	Senate	X Pri	•	General			rhead Expenses				
	State: President District:		her (spe	есіту) 🔻							
	Full Name (Last, First, Middle Initial)						Transaction ID: SB17-EX3909				
В.	US Members Dining Room	Date of Disbursement									
	Mailing Address H-117, The Capi	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} $									
	City Washington	State DC		Zip Code 20515			Amount of Each Disbursement this Period				
	Purpose of Disbursement Meals			002	7.25  Refund or Disposal of Excess						
	Candidate Name				ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate	Disbursemer X Pri		2006 General			Travel Expenses				
	President	Oth	her (spe	ecify)							
	State: District:										
C.	Full Name (Last, First, Middle Initial) US Members Dining Room						Transaction ID: SB17-EX3910 Date of Disbursement				
	Mailing Address H-117, The Capi	tol					01				
	City Washington	State DC		Zip Code 20515			Amount of Each Disbursement this Period				
	Purpose of Disbursement Meals				Г	002	20.00  Refund or Disposal of Excess				
	Candidate Name	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53								
	Office Sought: House Senate President	Disbursemer X Pri		2006 General			Travel Expenses				
	State: District:	0	iioi (ape	·~···y/ <b>▼</b>							
s	UBTOTAL of Disbursements This Page	(optional)				▶	37.25				

_					
	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	<b>S</b> for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 61 / 87 y one)  X 17 18 19a 19b 20a 20b 20c 21
	r Information copied from such Reports ar or commercial purposes, other than using				for the purpose of solicating contributions
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress				
Α.	Full Name (Last, First, Middle Initial) US Members Dining Room				Transaction ID: SB17-EX3939 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address H-117, The Capit	State	Zip Code		Amount of Each Disbursement this Period
	Washington Purpose of Disbursement Meals Candidate Name	DC	20515	002 Category/	7.50  Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Senate President	Disbursement For:  X Primary Other (spe	2006 General	Туре	11 C.F.R. 400.53  Travel Expenses
	State: District:				
	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: SB17-EX3895 Date of Disbursement  O 1
	Mailing Address PO Box 17464				01 03 2000
	City Baltimore	State MD	Zip Code 21297		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For:  X Primary Other (spe	2006 General	71-1	Administrative/Salary/Ove- rhead Expenses
	State: District:				
_	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: SB17-EX3957 Date of Disbursement
	Mailing Address PO Box 17464				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 0 & 0 \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 6 \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Baltimore	State MD	Zip Code 21297		Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For:  X Primary Other (spe	2006 General		Administrative/Salary/Ove- rhead Expenses
	State: District:				

SUBTOTAL of Disbursements This Page (optional) .....

_					
SCHEDULE B (FEC Form 3 ) Use seperate so				-	NUMBER: PAGE 62 / 87
IT	<b>EMIZED DISBURSEMENTS</b>	for eac	h category of the	(check only	
		Detaile	d Summary Page		X 17   18   19a   19b   20a   20b   20c   21
Δρ	y Information copied from such Reports and	Statemente mou	not be cold or used	l by any paraon t	
	for commercial purposes, other than using th				
$\mathbb{N}$	NAME OF COMMITTEE (In Full)				
//	Bill Shuster for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX3997
A.	Verizon Wireless				Date of Disbursement
	Martin Address BO D (TAG)				03
	Mailing Address PO Box 17464				03 01 2000
	City	State	Zip Code		Amount of Each Disbursement this Period
	Baltimore	MD	21297		00.51
	Purpose of Disbursement			004	80.51
	Telephone Candidate Name			001 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			Type	11 C.F.R. 400.53
	Office Sought: House Di	sbursement For:	2006	71	<b>A.</b> 1. 1. 1. 10 1. 10
	Senate	X Primary	General		Administrative/Salary/Ove- rhead Expenses
	President	Other (s	pecify)		μ
	State: District:				
ь	Full Name (Last, First, Middle Initial)				Transaction ID: SB17-EX4086
В.	Verizon Wireless				Date of Disbursement
	Mailing Address PO Box 17464				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Baltimore	MD	21297		80.51
	Purpose of Disbursement Telephone			001	Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under
				Туре	11 C.F.R. 400.53
	Office Sought: House Di	sbursement For:	2006		Admin <u>is</u> trative/Salary/Ove-
	Senate	X Primary	General		rhead Expenses
	State: President  District:	Other (s	pecify)		
C.	Full Name (Last, First, Middle Initial) Benjamin Hotel				Transaction ID: SB17-EX3916 Date of Disbursement
	Mailing Address 125 East 50th Street	et			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	New York	NY	10022		
	Purpose of Disbursement				2027.55
	Lodging Condidate Name			002	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Di	sbursement For:	2006		Travel Expenses
	Senate	X Primary	General		Havel Expelises
	President	Other (s	pecify) 🔻		
_	State: District:				
١,	UBTOTAL of Disbursements This Page (opi	ional)			2188.57
ı	ODIVIAL OI DISDUISEMENTS THIS FAGE (OP			······	

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 63 / 87
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_   `	X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Benjamin Hotel			Transaction ID: SB17-EX3923 Date of Disbursement
	Mailing Address 125 East 50th Street			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code NY 10022		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		002	1780.71  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	9 🗎 🗆	ment For: 2006 Primary General Other (specify)		Travel Expenses
	State: District:	-		
В.	Full Name (Last, First, Middle Initial) Benjamin Hotel			<b>Transaction ID:</b> SB17-EX3937 Date of Disbursement
	Mailing Address 125 East 50th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} \end{bmatrix}$
		State Zip Code NY 10022		Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging		002	605.25  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)		Travel Expenses
	State: District:	Other (specify)		
C.	Full Name (Last, First, Middle Initial) Benjamin Hotel			Transaction ID: SB17-EX3938 Date of Disbursement
	Mailing Address 125 East 50th Street			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} \end{bmatrix} $
		State Zip Code NY 10022		Amount of Each Disbursement this Period
	Purpose of Disbursement			1835.48
	Lodging Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General		Travel Expenses
	State: District:	Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .		<u>Þ</u>	4221.44

SCHEDULE B (FEC Form 3)					- 1	FOR LINE	E NUMBER: PAGE 64 / 87								
ITEMIZED DISBURSEMENTS			-	Use septer for each	(check onl							_			
••				Detailed	Summary Page		-		17 20a	Н	18 20b	,	19 20		19b 21
Ar	y Information copic	ed from such Reports	and Stateme	nts may n	ot be sold or use	d by	any person			rpos					
or	r for commercial purposes, other than using the name			and addre	ss of any politica	l con	nmittee to so	olicit d	contr	ibuti	ions	fro	m suc	n con	nmittee
$\setminus$	NAME OF COM	, ,													
V	Bill Shuster for	r Congress													
Α.	Full Name (Last, Benjamin Hote	First, Middle Initial)											SB17	-EX	079
	benjamin note	<del>;</del> 1								_	/ D		ment	Υ	Y ' Y ' Y
	Mailing Address	125 East 50th S	Street					L	0 3		L	2	2		Ž 0 Ŏ 6 Š
	City New York			tate IY	Zip Code 10022			Α	lmou	nt o	f Ead	h l	Disbur	seme	nt this Period
	Purpose of Disbu	ursement					000	L	-						476.15
	Candidate Name					C	002 ategory/						sposal Requi		
	Caradato Harrio						Type				F.R.				
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General			Tr	rave	ΙEx	pen	se	es		
	State:	District:		(	<b>√</b>										
_	Full Name (Last,	First, Middle Initial)						Т	rans	acti	on I	D:	SB17	-EX3	894
В.	Holliday Real I	Estate, LLC						D	ate o	of Di	isbur		ment		
	Mailing Address	316 Newry Stre	et						o <sup>M</sup> 1	М	/ [	0	5	Υ	2 0 0 6 °
	City Hollidaysburg			tate	Zip Code 16648			Α	lmou	nt o	f Ead	h l	Disbur	seme	nt this Period
	Purpose of Disbu	ırsement	<u> </u>					1							26.50
	Office Expenses			001						Refund or Disposal of Excess Contributions Required Under					
	Candidate Name						ategory/ Type	11 C.F.R. 400.53						ridei	
	Office Sought:	House Senate	Disbursem	ent For: Primary	2006 General			Ad	dmir	nisti	rativ	'e/	Salar	//Ov	e-
		President		Other (spe					ead	⊏X	pen	5 <b>C</b> :	5		
	State:	District:													
C.	Full Name (Last, ATLANTIC bro	First, Middle Initial) padband											SB17 ment	-EX3	8897
	Mailing Address	2200 Beale Ave	nue						o <sup>M</sup> 1	М	/ [	1	<b>3</b> /	Υ	2006
	City		S	tate	Zip Code			A	mou	nt o	f Ead	 h	Disbur	seme	nt this Period
	Altoona		P	PA	16601			Г	-	-	-	-			100.05
	Purpose of Disbu Utilities	ırsement					004	L							103.95
	Candidate Name						001 ategory/ Type		_ Co	ontril		ns	sposal Requi 0.53		
	Office Sought:	House Senate		Primary	2006 General			Ad rh	dmir lead	nistı Ex	rativ pen:	e/ses	Salar <u>ı</u> s	//Ov	e-
	State:	President District:		Other (spe	ecify) 🔻										
Г	Glale.	DISTRICT.						<u> </u>	_	_		_			
s	UBTOTAL of Disk	oursements This Page	(optional)				<u></u>		-	_		_			606.60

9	CHEDIII E B /EEC Form 3	١ .	- 1		IE NI IMBER: DAGE 65 / 97								
SCHEDULE B (FEC Form 3 )  ITEMIZED DISBURSEMENTS  Use seperate schedule(s) for each category of the						FOR LINE (check only	NE NUMBER: PAGE 65 / 87 only one)						
11	EMIZED DISBURSEMENT	S		category of the Summary Page		` -	X 17 18 19a 19b 20a 20b 20c 21						
	y Information copied from such Reports at for commercial purposes, other than using												
Λ	NAME OF COMMITTEE (In Full)												
/	Bill Shuster for Congress												
Α.	Full Name (Last, First, Middle Initial) ATLANTIC broadband						Transaction ID: SB17-EX3902 Date of Disbursement						
	Mailing Address 2200 Beale Aven	iue					01						
	City Altoona		tate PA	Zip Code 16601			Amount of Each Disbursement this Period						
	Purpose of Disbursement Utilities				Г	001	54.02  Refund or Disposal of Excess						
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General			Administrative/Salary/Ove- rhead Expenses						
	State: District:												
В.	Full Name (Last, First, Middle Initial) ATLANTIC broadband						Transaction ID: SB17-EX3966 Date of Disbursement						
	Mailing Address 2200 Beale Aven	iue					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O \\ Z & O & O & G \end{smallmatrix} $						
	City Altoona		tate PA	Zip Code 16601			Amount of Each Disbursement this Period						
	Purpose of Disbursement Utilities				Г	001	103.95  Refund or Disposal of Excess						
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General			Administrative/Salary/Ove- rhead Expenses						
	State: District:		otrici (apt	SCIIY) ₩									
C.	Full Name (Last, First, Middle Initial) ATLANTIC broadband						Transaction ID: SB17-EX3975 Date of Disbursement						
	Mailing Address 2200 Beale Aven	iue					$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}^M&\begin{smallmatrix}I&D\\17\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2006\end{smallmatrix}^Y\end{bmatrix}$						
	City Altoona		tate	Zip Code 16601			Amount of Each Disbursement this Period						
	Purpose of Disbursement Utilities				Г	001	54.02  Refund or Disposal of Excess						
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General			Administrative/Salary/Ove- rhead Expenses						
	State: District:			•									
s	UBTOTAL of Disbursements This Page (	optional)				▶	211.99						

nage	e# 26960038050														
	SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS  Use seperate schedule(s) for each category of the Detailed Summary Page						FOR LINE (check only	one)	ER:		_		E 66		_
		Detailed	Summary Page		-  -	X 17 20a		18 20b		19a 20c	19l 21	b			
		ed from such Reports a						or the p		se of s	olicat	ing con	tributio		
$\setminus$	NAME OF COM	MITTEE (In Full)													_
$\rangle$	Bill Shuster for	, ,													
	Full Name (Last,	First, Middle Initial)						Trans	sact	ion ID	: SB	17-EX4	1040		
Α.	ATLANTIC bro	adband								isburs	_				
	Mailing Address	2200 Beale Ave	nue					0 <sup>M</sup> 3	М	/ D.	16	/ Y	žoč	6	
	City		5	State	Zip Code			Amo	unt c	f Each	n Disb	ourseme	ent this	s Period	_
	Altoona		I	PA	16601				-	-					i
	Purpose of Disbu	irsement					• •						_	3.95	
	Utilities						001					al of Ex			
	Candidate Name						ategory/ Type			F.R. 4		quired L	nder		
	Office Sought:	House	Disburser		2006			Admi	nist	rative	/Sal	ary/Ov	e-		
		Senate	X	Primary	General			rhead	d Ex	pens	es	ary/Ov			
	State:	President District:		Other (spe	ecity) 🔻										
D		First, Middle Initial)									_	17-EX4	1050		
Ь.	ATLANTIC bro	adband							_	isburs					
	Mailing Address	2200 Beale Ave	nue	Je						Amount of Each Disbursement this Period					
	City			State	Zip Code			Amo	unt c	f Each	n Disb	ourseme	nt this	s Period	
	Altoona			PA	16601					-				1 00	1
	Purpose of Disbu	ırsement											54	4.02	J
	Utilities						001					al of Ex			
	Candidate Name						ategory/			F.R. 4		quired L	naer		
	Office Cought:	House	Disburser	mont For:	2006		Туре								
	Office Sought:	Senate		Primary	General			Admi	<u>nis</u> t	rative	/Sala	ary/Ov	e-		
		President		Other (spe				rhead	ג⊐ג	pens	es				
	State:	District:		(-	· · · · · · ·										
	Full Name (Last,	First, Middle Initial)						Trans	eact	ion ID	·SR	17-EX3			_
C.	CenPenn Real	ty LLC								isburs	_		1000		
	Mailing Address	513 Allegheny S	Street					0 <sup>M</sup> 1	М	/ D	) 5 5	/ Y	žoč	6 °	
	City			State	Zip Code			Amo	ınt c	f Each	n Dish	ourseme	nt this	s Period	_
	Hollidaysburg			PA	16648										1
	Purpose of Disbu	irsement					•						500	0.00	
	Rent						001					al of Ex			
	Candidate Name Catego Type							Contributions Required Under 11 C.F.R. 400.53							
	Office Sought:	House	Disburser		2006			Admi	nist	rative	/Sal	ary/Ov	e-		
		Senate	X	Primary	General			rhead	d Ex	pens	es	y, •••	-		
	State:	President District:		Other (spe	еспу) 🔻										
	olalo.	בוטנווטנ.													

657.97

SUBTOTAL of Disbursements This Page (optional) .....

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER: PAGE 67 / 87
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	( one)
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Bill Shuster for Congress	.,		
Full Name (Last, First, Middle Initial)  CenPenn Realty LLC			Transaction ID: SB17-EX3955 Date of Disbursement
Mailing Address 513 Allegheny Street			01 30 2006
City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Rent Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbut Senate President State: District:	rsement For: 2006  X Primary General Other (specify)	Турс	Political Contributions
Full Name (Last, First, Middle Initial)  GenPenn Realty LLC			Transaction ID: SB17-EX3995 Date of Disbursement
Mailing Address 513 Allegheny Street			02
City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Rent Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	rsement For: 2006  X Primary General Other (specify)		Rent
Full Name (Last, First, Middle Initial) CenPenn Realty LLC			Transaction ID: SB17-EX4084 Date of Disbursement
Mailing Address 513 Allegheny Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 8 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
Purpose of Disbursement Rent Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
· -	rsement For: 2006  X Primary General  Other (specify)	Туре	Administrative/Salary/Ove- rhead Expenses
SUBTOTAL of Disbursements This Page (optional	l)		1500.00
TOTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one)  X 17 20a	R: PAGE 68 / 87  18 19a 19b 20b 20c 21				
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			n for the purpose of solicating contributions				
NAME OF COMMITTEE (In Full) Bill Shuster for Congress							
Full Name (Last, First, Middle Initial)  A. US Airways  Mailing Address 5620 University Pkwy			action ID: SB17-EX4076 of Disbursement  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 5620 University Pkwy  City Winston Salem	State Zip Code NC 27105		nt of Each Disbursement this Period				
Purpose of Disbursement Airplane Candidate Name		Category/ Co	423.60 efund or Disposal of Excess ontributions Required Under C.F.R. 400.53				
· →	sement For: 2006  ( Primary General Other (specify)		l Expenses				
Full Name (Last, First, Middle Initial)  B. S&T Bank		Date o	action ID: SB17-EX4015 of Disbursement				
Mailing Address 208 West Plank Road  City	State Zip Code	0 2 Amou	nt of Each Disbursement this Period				
Altoona Purpose of Disbursement Payroll Taxes Candidate Name	PA 16602	Category/ Co	245.76 efund or Disposal of Excess ontributions Required Under C.F.R. 400.53				
ÿ	sement For: 2006  C Primary General  Other (specify)	Admir rhead	nistrative/Salary/Ove- Expenses				
Full Name (Last, First, Middle Initial)  C. S&T Bank		Date of	action ID: SB17-EX3972 of Disbursement				
Mailing Address 208 West Plank Road		0 2	$\begin{array}{c c} M & / & \stackrel{D}{1} \stackrel{D}{7} & / & \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{6} \stackrel{Y}{9} \end{array}$				
City Altoona Purpose of Disbursement Bank Service Charge Candidate Name	State Zip Code PA 16602	001 Re	91.06 efund or Disposal of Excess ontributions Required Under				
Senate President	sement For: 2006  C Primary General Other (specify)	туре	C.F.R. 400.53 c order				
State: District:			760.42				

SUBTOTAL of Disbursements This Page (optional) .....

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating corpor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such compared to the purpose of solicating corporation for the purpose of	
NAME OF COMMITTEE (In Full)	OHITHILLOC
Bill Shuster for Congress	
Full Name (Last, First, Middle Initial)  A. S&T Bank  Mailing Address 208 West Plank Road  Transaction ID: SB17-EX Date of Disbursement	X4016 Ž 0 0 6 °
City State Zip Code Amount of Each Disburser Altoona PA 16602	ment this Period
Purpose of Disbursement Payroll Taxes  Candidate Name  O01 Category/ Type Refund or Disposal of E Contributions Required 11 C.F.R. 400.53	
Office Sought:  House Senate President  State:  Disbursement For: 2006 X Primary General Other (specify)   Other (specify)   Administrative/Salary/C rhead Expenses	)ve-
Full Name (Last, First, Middle Initial)  S&T Bank  Mailing Address 208 West Plank Road  Transaction ID: SB17-EX Date of Disbursement	X4014 2 0 0 6
City State Zip Code Amount of Each Disburser Altoona PA 16602	ment this Period
Purpose of Disbursement Bank Service Charge Candidate Name  O01 Category/ Type Refund or Disposal of E Contributions Required 11 C.F.R. 400.53	
Office Sought:  House Senate President  State:  Disbursement For: 2006 X Primary General Other (specify)  Other (specify)	
Full Name (Last, First, Middle Initial)  C. S&T Bank  Transaction ID: SB17-EX Date of Disbursement	X4089
Mailing Address 208 West Plank Road	2006
City State Zip Code Amount of Each Disburser Altoona PA 16602	
Purpose of Disbursement Payroll Taxes  Candidate Name  O01 Category/ Type Refund or Disposal of E Contributions Required 11 C.F.R. 400.53	122.88 Excess Under
Office Sought:  House Senate President  State:  Disbursement For: 2006 X Primary General Other (specify) ▼  Administrative/Salary/C rhead Expenses	)ve-
State: District:  SUBTOTAL of Disbursements This Page (optional)	383.64

_	OUEDIU E D /EEO E	٠,											
SCHEDULE B (FEC Form 3 )  ITEMIZED DISBURSEMENTS  Use seperate schedule(s) for each category of the						-	FOR LINE NUMBER: PAG (check only one)						70 / 87
IT	EMIZED DISBURSEMEN	ITS	for each			`	X 17 20a	П	18 20b		19a 20c		19b 21
					n for the purpose of solicating contributions solicit contributions from such committee								
$\setminus$	NAME OF COMMITTEE (In Full)												
/	Bill Shuster for Congress												
Α.	Full Name (Last, First, Middle Initial) Cingular Wireless						Trans	of D	sburs	emer	— .		
	Mailing Address PO Box 6416						0 <sup>M</sup> 1	М	<sup>D</sup> 3	3 O	′ _	2	006
	City Carol Stream		State IL	Zip Code 60197			Amou	nt o	f Each	Disl	ourser	ner	t this Period
	Purpose of Disbursement Telephone					001	B	efun	d or D	isnos	sal of I	Fyc	187.75
	Candidate Name				С	ategory/ Type	L Co	ontri		s Re	quired		
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General		, , , , , , , , , , , , , , , , , , ,	Admii rhead	nisti Ex	rative pense	/Sal	ary/C	Ove	-
	State: District:		'										
В.	Full Name (Last, First, Middle Initial) Cingular Wireless						Trans Date			_		X4(	018
	Mailing Address PO Box 6416						0 2	М	/ D	7	/ Y	2	006
	City Carol Stream		State IL	Zip Code 60197			Amou	nt o	f Each	Disl	ourser	mer	t this Period
	Purpose of Disbursement Office Expenses			001	84.79  Refund or Disposal of Excess								
	Candidate Name				ı	ategory/ Type	L Co	ontri C.F	bution F.R. 40	s Re 00.53	quired 3	l Ur	nder
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General			Admii rhead	nisti Ex	rative pense	/Sal	ary/C	Ove	-
	State: District:												
C.	Full Name (Last, First, Middle Initial) Cingular Wireless						Trans Date					X39	999
	Mailing Address PO Box 6416						0 3	М	<sup>D</sup> (	1	/ Y	2	006
	City Carol Stream		State IL	Zip Code 60197			Amou	nt o	f Each	Disl	ourser	ner	t this Period
	Purpose of Disbursement					• •							227.95
	Telephone Candidate Name				C	001 ategory/ Type	L Co	ontri		s Re	sal of I quired }		
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General	<u> </u>	. 300	Admii rhead	nisti Ex	rative pense	/Sal	ary/C	Ove	-
_	State: District:		Outer (Spe	y) <b>▼</b>									
   s	SUBTOTAL of Disbursements This Pag	e (optional)									-		500.49

_			_							
S	CHEDULE B	3 (FEC Form 3	)	Use sepe	erate schedule(s)	_		NUMBER:	PAGE	71 / 87
IT	EMIZED DIS	SBURSEMENT	'S	for each	category of the (	(che	ck only	√one) X 17	19a 🗀	19b
				Detailed	Summary Page		Ľ	20a 20b	20c	21
								or the purpose of solica licit contributions from s		
$\overline{\ \ }$	NAME OF COMM	/IITTEE (In Full)								
/	Bill Shuster for	Congress								
	Full Name (Last F	First, Middle Initial)						Turner attention ID CD	47.574	240
۹.	Cingular Wirele							Transaction ID: SB Date of Disbursemen		)48
	Mailing Address	PO Box 6416						03 / 22	Ž	006
	City Carol Stream		Sta IL	ate	Zip Code 60197			Amount of Each Disl	oursemen	t this Period
	Purpose of Disbu	rsement					$\neg$			208.43
	Telephone					001		Refund or Dispos		
	Candidate Name					Categor Type	y/	Contributions Re		ider
	Office Sought:	House Senate	Disburseme X P	ent For: rimary	2006 General			Administrative/Sal	ary/Ove	-
		President	_ o	ther (spe	ecify)			mead Expenses		
	State:	District:								
3.	Full Name (Last, F Jeffrey Loveng	First, Middle Initial)						Transaction ID: SB Date of Disbursement		988
	Mailing Address	228 W. Windsor	Avenue					$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	/ Y 2	0066
	City		Sta	ate	Zip Code			Amount of Each Disl	 bursemer	t this Period
	Alexandria		VA	4	22301					
	Purpose of Disbur Vehicle Expenses					001		Dí I Di		213.65
	Candidate Name	·				001 Categor Type	y/	Refund or Dispose Contributions Re 11 C.F.R. 400.53	quired Un	
	Office Sought:	House	Disburseme	ent For:	2006	1 3 pc		Administrative/Sal	lary/Oyo	
		Senate		rimary	General			rhead Expenses	ary/Ove	<del>-</del>
	State:	President District:	□ 0	ther (spe	ecity)					
		First, Middle Initial)						Transaction ID: SB	17 EV20	206
Э.	e2c consulting,	•						Date of Disbursemen		590
	Mailing Address	PO Box 29576						$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix}$	/ Y 2	006
	City Washington		Sta D(		Zip Code 20017			Amount of Each Disl	oursemen	t this Period
	Purpose of Disbu	rsement			20017		_		4	4000.00
	Campaign Consul					003		Refund or Dispos		
	Candidate Name					Categor Type	у/	Contributions Re		nder
	Office Sought:	House	Disburseme		2006			Solitication and Fu	undrais-	
		Senate President		rimary ther (spe	General			ing Expenses		
	State:	District:		(Spe	····j/ ▼					
		'								400.00
S	UBTOTAL of Disb	ursements This Page (	optional)				•		4	422.08

nage# 20900030030		
SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)    X   17
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person for the purpose of solicating contributions
NAME OF COMMITTEE (In Full) Bill Shuster for Congress		
Full Name (Last, First, Middle Initial)  A. e2c consulting, Inc.  Mailing Address PO Box 29576		Transaction ID: SB17-EX3956 Date of Disbursement
Washington Purpose of Disbursement Campaign Consultant Candidate Name  Office Sought: House Disburse	State Zip Code DC 20017  ment For: 2006 Primary General	Amount of Each Disbursement this Period  4000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Solitication and Fundraising Expenses
State: President  State: District:  Full Name (Last, First, Middle Initial)	Other (specify) ▼	
B. e2c consulting, Inc.  Mailing Address PO Box 29576		Transaction ID: SB17-EX3996 Date of Disbursement  M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington Purpose of Disbursement	State Zip Code DC 20017	Amount of Each Disbursement this Period 4000.00
Campaign Consultant Candidate Name		O03 Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ment For: 2006 Primary General Other (specify)	Solitication and Fundraising Expenses
Full Name (Last, First, Middle Initial)  C. e2c consulting, Inc.		Transaction ID: SB17-EX4085 Date of Disbursement
Mailing Address PO Box 29576		03
	State Zip Code DC 20017	Amount of Each Disbursement this Period  4000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Ŭ <b>→</b>   -	ment For: 2006 Primary General Other (specify)	Solitication and Fundraising Expenses
SUBTOTAL of Disbursements This Page (optional)		12000.00

64	CHEDIII E B (EEO Eouro O	· \ _			,		
	CHEDULE B (FEC Form 3			erate schedule(s		FOR LINE check only	NUMBER: PAGE 73/87
ΙŤ	EMIZED DISBURSEMENT	S		category of the Summary Page		_	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than usin						or the purpose of solicating contributions
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	Bill Shuster for Congress						
_	Full Name (Last, First, Middle Initial)						Transaction ID: SB17-EX3913
Α.	Sonoma Restaurant						Date of Disbursement
	Mailing Address 223 Pennsylvan	ia Avenue S	SE				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & \check{Q} & \check{Q} & G \\ \check{Y} & \check{Y} & O & O & G \end{bmatrix}$
	City Washington	Sta D(		Zip Code 20003			Amount of Each Disbursement this Period
	Purpose of Disbursement Meals					02	48.00  Refund or Disposal of Excess
	Candidate Name				Cate	egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		rimary	2006 General			Travel Expenses
	State: District:		tiror (op	50.1 <i>y</i> ) •			
	Full Name (Last, First, Middle Initial)						Transaction ID: SB17-EX3943
В.	Taverna The Greek Islands				Date of Disbursement		
	Mailing Address 305 Pennsylvania Avenue SE						$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Washington	Sta D(		Zip Code 20003			Amount of Each Disbursement this Period
	Purpose of Disbursement Meals					00	254.82
	Candidate Name				Cate	egory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburseme X P	ent For: rimary	2006 General			Travel Expenses
	President State: District:	0	ther (sp	ecify) 🔻			
	Full Name (Last, First, Middle Initial)						Transaction ID: SB17-EX4046
C.	Canan Station Print Shoppe						Date of Disbursement
	Mailing Address PO Box 632						03
	City Altoona	Sta PA		Zip Code 16603			Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising					03	427.18  Refund or Disposal of Excess
	Candidate Name				Cate	egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		ent For: rimary other (spe	2006 General			Solitication and Fundraising Expenses
	State: District:		٠.	-			

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) ......

	EDULE B	(FEC Form 3	\				
	MIZED DIS	BURSEMENT	rs tor	e seperate s each catego ailed Sumn	ory of the	(check onl	NUMBER: PAGE 74 / 87 y one)  X 17 18 19a 19b 20a 20b 20c 21
							for the purpose of solicating contributions solicit contributions from such committee
1 \	ME OF COMM I Shuster for	, ,					
<b>A.</b> Ru	ımors Restau						Transaction ID: SB17-EX3920 Date of Disbursement  0 1 0 5 2 0 0 6
Mai	iling Address	1900 M Street N	IW				01 05 2006
City Wa	y ashington		State DC		Code 036		Amount of Each Disbursement this Period
Me	rpose of Disbur eals ndidate Name	sement				002 Category/	Refund or Disposal of Excess Contributions Required Under
	fice Sought:	House	Disbursement		2006	Type	11 C.F.R. 400.53 Solitication and Fundrais-
Sta	ate:	Senate President District:	X Prim Othe	ary r (specify)	General ▼		ing Expenses
Ful		irst, Middle Initial)					Transaction ID: SB17-EX3921 Date of Disbursement
Mai	Mailing Address 1900 M Street NW					$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $	
	ashington		State DC		Code 036		Amount of Each Disbursement this Period
Me	rpose of Disbur eals ndidate Name	sement				002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Off	fice Sought:	House Senate President	Disbursement X Prim		2006 General		Travel Expenses
Sta	ate:	District:		. (0000))			
^	ll Name (Last, F rusco Restau	irst, Middle Initial) rant					Transaction ID: SB17-EX3933 Date of Disbursement
Mai	iling Address	1606 20th Stree	t				$ \begin{bmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} D & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & 0 & 0 \\ 2 & 0 & 0 & 6 \end{bmatrix} $
City Wa	y ashington		State DC		Code 009		Amount of Each Disbursement this Period
Me	rpose of Disbur eals ndidate Name	sement				002	5376.80  Refund or Disposal of Excess Contributions Required Under
Gai	iluluale Ivaille					Category/ Type	11 C.F.R. 400.53
Off	fice Sought:	House Senate President	Disbursement  X Prim Othe		2006 General		Travel Expenses
Sta	ate:	District:					

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) ......

C-				
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 75 / 87
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 `	X 17
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Mimi's Restaurant & Bar			Transaction ID: SB17-EX4030 Date of Disbursement
	Mailing Address 312 Penn Street			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} I & D & I & D \\ 1 & 7 & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Q & Q & G & Y \\ I & 2 & 0 & Q & G & I \end{bmatrix}$
	•	State Zip Code PA 16652		Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising		003	293.30  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ement For: 2006 Primary General Other (specify)		Solitication and Fundraising Expenses
_	State: District:			
В.	Full Name (Last, First, Middle Initial) ComTEC Installations			Transaction ID: SB17-EX3965 Date of Disbursement
	Mailing Address 177 Lingenfelter Road			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & Q & Q & G \end{bmatrix} $
	,	State Zip Code PA 15522		Amount of Each Disbursement this Period
	Purpose of Disbursement Media		004	1273.83  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	• 🗎	ement For: 2006 Primary General Other (specify)		Advertising Expenses
	State: District:	Carior (oposity)		
C.	Full Name (Last, First, Middle Initial) New York Friar's Club			Transaction ID: SB17-EX4002 Date of Disbursement
	Mailing Address 57 East 55th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
		State Zip Code NY 10022		Amount of Each Disbursement this Period
	Purpose of Disbursement			2155.00
	Fundraising Candidate Name		003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	° H I -	ement For: 2006  Primary General  Other (specify)		Solitication and Fundraising Expenses
	State: District:	• • • • • •		
s	JBTOTAL of Disbursements This Page (optional)		<b>)</b>	3722.13

TOTAL This Period (last page this line number only) ......

### Image# 26960038060

City

Pittsburgh

Candidate Name

Office Sought:

State:

Purpose of Disbursement IN-KIND RECEIVED

House

Senate

District:

President

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 76 / 87 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17-EX4067 Bar Americain Date of Disbursement 2 2 0 3 2006 Mailing Address 152 West 52nd Street City State Zip Code Amount of Each Disbursement this Period New York NY 10019 280.00 Purpose of Disbursement Meals 002 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2006 Travel Expenses X Primary General Senate President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17-CN4940 Edward B Dunlap Date of Disbursement 06 0 3 2006 Mailing Address 1114 Grandview Avenue

State

PA

Disbursement For:

X Primary

Other (specify)

Zip Code

2006

General

Category/

Type

15211

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under

11 C.F.R. 400.53

In-Kind Received

250.00

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	530.00
TOTAL This Period (last page this line number only)	<b></b>	81551.96

	CHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) William Shuster  Mailing Address 9 Overlook Drive			Transaction ID: SB21-EX4005 Date of Disbursement
	City Hollidaysburg	State Zip Code PA 16648		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets Candidate Name	C	012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006  X Primary General  Other (specify)	71-	Donations
В.	Full Name (Last, First, Middle Initial) Juniata Co Republican Comm.			Transaction ID: SB21-EX3978 Date of Disbursement
	Mailing Address 4 Industrial Park Road			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} & \begin{bmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	City Mifflintown Purpose of Disbursement Donations	State Zip Code PA 17059	012	Amount of Each Disbursement this Period  100.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: 2006  X Primary General  Other (specify)		Donations
C.	Full Name (Last, First, Middle Initial) NRCC			Transaction ID: SB21-EX4001 Date of Disbursement
	Mailing Address 320 First Street SE			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets  Candidate Name  Disbursement  012  Category/			Refund or Disposal of Excess Contributions Required Under
	ÿ	sement For: 2006  X Primary General  Other (specify)	Type	11 C.F.R. 400.53  Donations
	UBTOTAL of Disbursements This Page (optional	)		5125.50

	CHEDULE B (FEC FOIII 3 )	Use seperate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Franklin Co Republican Committee			Transaction ID: SB21-EX3985 Date of Disbursement
	Mailing Address Suite 293 South Gate N	iall		02 24 2000
	City Chambersburg	State Zip Code PA 17201		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name		012 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006  ( Primary General Other (specify)	Туре	Donations
В.	Full Name (Last, First, Middle Initial) Cumberland Co Republican Comm			Transaction ID: SB21-EX4010 Date of Disbursement
	Mailing Address PO Box 1155			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & M \end{bmatrix}$
	City Carlisle Purpose of Disbursement	State Zip Code PA 17013		Amount of Each Disbursement this Period 300.00
	Donations  Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006  ( Primary General  Other (specify)		Donations
Э.	Full Name (Last, First, Middle Initial) Republican State Committee of PA			Transaction ID: SB21-EX3967 Date of Disbursement
	Mailing Address 301 Market Street - Suite 900			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	City Harrisburg	State Zip Code PA 17101		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets		012	240.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: 2006  ( Primary General Other (specify)		Donations
	UBTOTAL of Disbursements This Page (optional			1090.00

3(	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 79 / 87
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Comm			Transaction ID: SB21-EX4083 Date of Disbursement
	Mailing Address 911 Welsh Ayres Way			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
	Downingtown	State Zip Code PA 19335		Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contributions Candidate Name Jim Gerlach		011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)	Туро	Political Contributions
В.	Full Name (Last, First, Middle Initial) Cecelia Parker			Transaction ID: SB21-EX3993 Date of Disbursement
	Mailing Address 7968 Lincoln Way West			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix} $
	,	State Zip Code PA 17252		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	9 🗎	ment For: 2006 Primary General Other (specify)		Donations
C.	Full Name (Last, First, Middle Initial) Fitzpatrick for Congress			Transaction ID: SB21-EX4081 Date of Disbursement
	Mailing Address 115 North Broad Street			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 18901		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions		011	Refund or Disposal of Excess
	Candidate Name Michael Fitzpatrick		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For: 2006 Primary General Other (specify)		Political Contributions
	JBTOTAL of Disbursements This Page (optional) .			2024.00

51	CHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
	Information copied from such Reports and Staten or commercial purposes, other than using the nam			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Tom DeLay Congressional Committee  Mailing Address 7002 Riverbrook Drive			Transaction ID: SB21-EX4012 Date of Disbursement  O 3 M / O 9 / Y Y Y O O 6
	Suite 200 City Sugar Land	State Zip Code TX 77479		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions Candidate Name Thomas Dale DeLay	C	011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	X	ement For: 2006 Primary General Other (specify)		Political Contributions
В.	Full Name (Last, First, Middle Initial) Fisher House Foundation, Inc			Transaction ID: SB21-EX3960 Date of Disbursement
	Mailing Address 1401 Rockville Pike, Sui		01 31 7 2006	
	City Rockville Purpose of Disbursement Donations Candidate Name	State Zip Code MD 20852	012 Category/	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under
		ement For: 2006 Primary General Other (specify)	Type	11 C.F.R. 400.53  Donations
C.	Full Name (Last, First, Middle Initial) Rev Linda B Harter Memorial Fund			Transaction ID: SB21-EX3952 Date of Disbursement
	Mailing Address 221 North Main Street			$\begin{bmatrix}\begin{smallmatrix}M\\01\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\30\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2006\end{smallmatrix}\end{bmatrix}^Y$
	City Chambersburg	State Zip Code PA 17201		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Candidate Name  O12 Category/			75.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	· -	ement For: 2006 Primary General Other (specify)	Туре	Donations
				3075.00

	CHEDULE B (FEC FOIII 3 )	Use seperate schedule(s)	(check only	NUMBER: PAGE 81 / 87
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Α.	Full Name (Last, First, Middle Initial) Tom Osborne for Governor  Mailing Address PO Box 80668			Transaction ID: SB21-EX3964 Date of Disbursement  M 2 M / D 7 / Y Y Y O Y 6 Y
	City Lincoln	State Zip Code NE 68501		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contributions Candidate Name	[	011 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2006  X Primary General  Other (specify)		Political Contributions
В.	Full Name (Last, First, Middle Initial) Blair County Arts Foundation			Transaction ID: SB21-EX3970 Date of Disbursement
	Mailing Address 1212 Twelfth Avenue		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & 0 & 6 \\ & & 2 & 0 & 0 & 6 \end{bmatrix}$	
	City Altoona	State Zip Code PA 16601		Amount of Each Disbursement this Period
	Purpose of Disbursement Promotional Tickets  Candidate Name	[	012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: 2006  X Primary General  Other (specify)		Donations
C.	Full Name (Last, First, Middle Initial) Heartland Hall, Inc.			Transaction ID: SB21-EX3976 Date of Disbursement
	Mailing Address 5564 Business 220			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 6 \\ & 2 & 0 & 0 & 6 \end{bmatrix}$
	City Bedford	State Zip Code PA 15522		Amount of Each Disbursement this Period
	Purpose of Disbursement Donations Only Candidate Name O12 Category/			Sound or Disposal of Excess Contributions Required Under
	ÿ	sement For: 2006	Type	11 C.F.R. 400.53  Donations
	Senate President State: District:	X Primary General Other (specify) ▼		= =
s	UBTOTAL of Disbursements This Page (optional	)		1680.00

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 82 / 87
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Bill Shuster for Congress			
Full Name (Last, First, Middle Initial)  A. Republican Women of Cumberland Coun	ty		Transaction ID: SB21-EX3977 Date of Disbursement    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Mailing Address 315 Market Street			02 17 2000
City New Cumberland	State Zip Code PA 17070		Amount of Each Disbursement this Period
Purpose of Disbursement Donations Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
• 🗎 -	sement For: 2006  K Primary General  Other (specify)	Турс	Donations
Full Name (Last, First, Middle Initial) <b>B.</b> Huntingdon County Veterans Association			Transaction ID: SB21-EX4009 Date of Disbursement  O 3
Mailing Address 302 Eighth Street	Mailing Address 302 Eighth Street		
City Huntingdon Purpose of Disbursement	State Zip Code PA 16652		Amount of Each Disbursement this Period
Donations Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	sement For: 2006  K Primary General  Other (specify)		Donations
Full Name (Last, First, Middle Initial)  C. Bedford County CCHL			Transaction ID: SB21-EX4045 Date of Disbursement  O 3
Mailing Address 3495 Business 220	Mailing Address 3495 Business 220		
City Bedford	State Zip Code PA 15522		Amount of Each Disbursement this Period
Purpose of Disbursement Donations	Purpose of Disbursement		
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	sement For: 2006  Rement For: General Other (specify)		Donations
	1	<b>.</b>	400.00
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only			400.00

SCHEDULE B (FECFORIII 3 )	I lea caparata capadula(c)	OR LINE NUMBER: PAGE 83 / 87
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	heck only one)  17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Bill Shuster for Congress		
Full Name (Last, First, Middle Initial)  Williamsburg Community Farm Show  Mailing Address RD 1 Box 197		Transaction ID: SB21-EX4049 Date of Disbursement  0 3
City Williamsburg	State Zip Code PA 16693	Amount of Each Disbursement this Period
Purpose of Disbursement Donations Candidate Name	01 Cate	gory/ Contributions Required Under
· -	ement For: 2006 Primary General Other (specify)	Donations
Full Name (Last, First, Middle Initial)  Kiwanis Club of Altoona		Transaction ID: SB21-EX4054 Date of Disbursement
Mailing Address 10 Sheraton Drive		0 3 M / D 2 D / Y 2 0 0 6 Y
City Altoona	State Zip Code PA 16601	Amount of Each Disbursement this Period
Purpose of Disbursement Donations Candidate Name	O1 Cated Tyl	2 Refund or Disposal of Excess Contributions Required Under
° 🗎 –	ement For: 2006 Primary General Other (specify)	Donations
Full Name (Last, First, Middle Initial)  Sweeney for Congress, Inc		Transaction ID: SB21-EX4080 Date of Disbursement
Mailing Address PO Box 1465		0 3 M / D D D / Y 2 0 0 6 Y
City Clifton Park	State Zip Code NY 12065	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contributions	01	
Candidate Name John E. Sweeney	Cate Ty	
ů X	ement For: 2006 Primary General Other (specify)	Political Contributions
SUBTOTAL of Disbursements This Page (optional)		1153.00
TOTAL This Period (last page this line number only)		•

## SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 84/87 Use seperate schedule(s) (check only one) for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Bill Shuster for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB21-EX4082 Together for Our Majority PAC (TOMPAC) Date of Disbursement 0 3 2006 Mailing Address PO Box 16488 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22215 1000.00 Purpose of Disbursement Political Contributions 011 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Thomas M Reynolds Type Office Sought: χ House Disbursement For: 2006 Political Contributions X Primary Senate General President Other (specify) State: NY District: 26 Full Name (Last, First, Middle Initial) Transaction ID: SB21-EX4090 The Ann Eppard Memorial Scholarship Fund Date of Disbursement 3 1 0 3 2006 Mailing Address PO Box 600 City State Zip Code Amount of Each Disbursement this Period 15940 Loretto PA 1000.00 Purpose of Disbursement Donations 012 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2006 House Disbursement For: **Donations** Senate X Primary General

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	16547.50

Other (specify)

President

District:

State:

# PAGE 85 / 87 SCHEDULE D (FEC Form 3 ) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Bill Shuster for Congress Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Invoice: Invoice 60339388 Administrative Covington & Burling Mailing Address 1201 Pennsylvania Avenue, NW ZIP Code City State Washington DC 20004 Outstanding Balance Beginning This Period Transaction ID: SD10-INV3289 15000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 15000.00 .00

# SCHEDULE D (FEC Form 3 )

(Use separate schedule(s)

PAGE 86 / 87 FOR LINE NUMBER:

	Χ	9
Γ		10

DEBTS AND OBLIGATIONS	for each	(check only one)	X 9			
Excluding Loans	numbered line)		10			
NAME OF COMMITTEE (In Full) Bill Shuster for Congress						
Bill Shaster for Congress						
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): Invoice: Deposit for room- s-Nemacolin eve				
Nemacolin Woodlands Resort & Spa	Invoice: [					
Mailing Address 1001 LaFayette Drive						
Walling Address 1001 Lat ayette brive						
City State	ZIP Code					
Farmington PA	15437					
Outstanding Balance Beginning This Period		Tra	Transaction ID: SD9-INV3624			
-2864.40						
Amount Incurred This Period	Payment This Period	Outstandi	Outstanding Balance at Close of This Period			
.00	-2864.4		-	.00		
.00	-2004.4			.00		
			1 1 1 1 1 1	20		
1) SUBTOTALS This Period This Page (optional).		<u> </u> ▶	0.	.00		
2) TOTALS This Period (last page this line number only)						
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

## Image# 26960038071

Form/Schedule: **F3N**Transaction ID:

The accompanying Report of Receipts and Disbursements from January 1, 2006 through March 31, 2006 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca, CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committ-